



HEALTH DECLARATION & MEDICAL EXAMINATION

FOR MA / DIPLOMA / CERTIFICATE COURSES

1. All applicants for the SEAMEO RELC Scholarship must complete all parts of this form.

PART A – Medical History

2. Applicants are reminded that failure to disclose a full and accurate medical history may lead to a termination of the scholarship awarded.

PART B – Medical Examination Report

3. The medical examination must be done by a registered doctor at a medical clinic licensed to carry out such tests.

4. **Part B of this form must be completed by a registered doctor AND endorsed with a clinic / medical institution seal (stamp).**

5. The medical examination report will only be accepted if submitted within 3 months of its issuance.

6. Participants will bear all costs relating directly or indirectly to the completion of this form, including the medical examination.

7. This document must be completed and submitted to SEAMEO RELC to complete all scholarship applications.

Personal Particulars

Name (as in the passport): _____

Gender: Male Female *Please ✓ accordingly.*

Date of Birth: _____ (format: DD/MM/YYYY)

Passport No.: _____

PART A – Medical History *(to be completed by the applicant)*

Have you ever been diagnosed with / tested positive for any of the following? *(Please ✓ accordingly.)*

Tuberculosis Yes No A mental health disorder Yes No

HIV Yes No Any serious communicable disease Yes No

If you have selected “Yes” for any of the above, please elaborate. *(Attach additional pages if required.)*

Do you have any disease, illness, medical condition or disorder that may prevent you from successfully completing the course you are applying for? Yes No

I declare that all the information given above are true, complete and correct to the best of my knowledge.

Signature: _____

Date: _____

PART B – Medical Examination (to be completed by the examining doctor/physician)

Please ✓ accordingly. **Please ensure that all fields are duly completed.**

The applicant plans undertake full-time study abroad for the duration of 3 weeks
 6 months
 12 months

1. Is the applicant medically fit to undertake full-time study abroad for the duration indicated above?

Yes No

2. Any other remarks / observations from the medical examination:

Name of Examining Doctor: _____ (IN BLOCK LETTERS)

Signature: _____ Date: _____

Clinic Name: _____

Clinic's Address: _____

Clinic's Stamp: _____