ROTARY GRADUATE STUDY SCHOLARSHIP
Rotary International District 5670

Medical Certificate

Date:_____

I have this day examined _____
(Name)

and found him/her to be in good health and enjoying a full working capacity.

He/She is physically and mentally able to carry on an intensive program of study

and travel away from home, including overseas.

_____
Examining Physician Name

_____
Address

_____
City State or Province

_____
Country