



RHODES SCHOLARSHIPS
ZAMBIA

FORM OF MEDICAL CERTIFICATE

(To be supplied by short-listed applicants)

Date

Address

.....
.....
.....

I have examined (*name of patient*)

....., a short-listed applicant for a Rhodes Scholarship. From my knowledge of the applicant's history, and as a result of my examination, it is my opinion that the applicant is in good health mentally, emotionally, and physically and has not suffered during the past ten years from any disorder likely to recur and to impair activities as a scholar at Oxford University.

Name of qualified Medical Doctor:

Signature:

Professional Qualifications:

If you should think it is necessary to explain or qualify any of the statements in this certificate, please, add your comment below.

REMARKS (if any)

Official Stamp