



AMINU KANO TEACHING HOSPITAL

P. M. B. 3452, KANO.

Our Ref:..... Your Ref:.....

To:.....

No.....

MEDICAL EXAMINATION CERTIFICATE

This is to certify that

I have this.....day of.....

Examined.....

of.....and Found him / her

Physically Fit / Unfit for the Traveling / Training / Appointment.

.....
Chief Medical Director

.....
Name

.....
Signature

.....
Attending Doctor