



KADUNA STATE PRIMARY HEALTH CARE DEVELOPMENT AGENCY

Kaduna North Local Government.

PRIMARY HEALTH CENTER BADARAWA

Date 10/5/20 21

MEDICAL CERTIFICATE

This is to certify that I examine Mr/Mrs/Miss TIMOTHY EMEKA

ILORIN And found him/her medically/physically
fit/unfit for ACADEMY PROGRAM

He/She is free skin disease and shows sign of successful vaccination

SIGN. [Signature]
DATE. 10/5/21
Signature and Stamp

[Signature]
Medical Officer