



THIS FORM IS FREE AND NOT FOR SALE!

AMOTEKUN RECRUITMENT FORM

PLEASE PRINT THE SLIP AND BRING FORWARD DURING THE SCREENING EXERCISE
MEDICAL FORM

Applicant's Name: _____

The following test were conducted on the above named applicant by me the under signed laboratory scientists

- A. Hepatitis
- B. Random Blood Sugar
- C. PCV
- D. Vital Signs

.....
Signature / Date / Stamp

I, Dr. of
..... state hospital have examined the above named applicant and found him/her medically fit to be recruited into Amotekun Corps.

.....
Signature / Date / Stamp