

No.: 734 /GKSK-  
Date: October 09, 2019

**CERTIFICATE OF MEDICAL EXAMINATION**  
(According to Circular No. 14/2013/TT-BYT)

(Photograph  
and seal)

Full name (*in capital letter*): **NGUYEN LUONG THANH NHAT**

Sex: Male ☐ Female ☒ Year of birth: 1999

ID. Card or Passport No.: 191907057 issued on July 07, 2014 by Thua Thien Hue  
Province Police Department

Current residence: Alley 602 Dien Bien Phu, Ward 22, Binh Thanh District

Reason for medical examination: For studying abroad

**MEDICAL HISTORY OF EXAMINED PERSON**

**1. Family history:**

Is there any member of your family whom has ever got any diseases like contagious disease, cardiovascular disease, diabetes, tuberculosis, bronchial asthma, cancer, epilepsy, mental disorder, or other diseases? a) No ☒; b) Yes ☐; If "Yes", specify name of disease(s):

**2. Personal history:**

Have you ever got one of the following diseases or medical conditions: contagious disease, cardiovascular disease, diabetes, tuberculosis, bronchial asthma, cancer, epilepsy, mental disorder, or other diseases? a) No ☒; b) Yes ☐; If "Yes", specify name of disease(s):

**3. Other questions (if any):**

a) Have you got any disease which is under treatment? If any, please specify your current drugs and dosage: None

b) Pregnant history (for woman): None

I undertake that my above statement  
is completely true with my best  
knowledge.

Ho Chi Minh City, Date: October 09, 2019

**Requester**

(Signature and full name)

(signed)

**Nguyen Luong Thanh Nhat**

## I. PHYSICAL EXAMINATION

Height: 161 cm;

Weight: 61 kg;

BMI Index: 23.5

Pulse: 85 beats per minute;

Blood pressure: 110/70 mmHg

Classification of physical strength: 1

## II. CLINICAL EXAMINATION

Contents of Examination	Full Name and Signature of Doctor
<b>1. Internal Medical Examination</b> a) Circulation: Classification: 2 b) Respiration: Classification: c) Digestion: Classification: d) Kidney – Urinary tract: Classification: (Illegible) d) Muscle – Bone – Joints: Classification: e) Nervous system: Not detect any neuropsychiatric diseases Classification: g) Mentality: Classification:	(signed) Doctor Vu Thi Kim Dung
<b>2. Surgical Examination:</b> Classification: <b>3. Dermatological Examination:</b> Classification: (Illegible) <b>4. Gynecological and Obstetric Examination:</b> Classification:	(signed) Doctor Vu Thi Kim Dung
<b>5. Eyes Examination</b> - Vision examination results: Without glasses: Right eye: Left eye: With glasses: Right eye: 10/10 Left eye: 10/10 (Illegible) - Diseases of eyes (if any): - Classification: II	(signed) Doctor Cao Thanh Nghi, M.Sc.
<b>6. Ears, Nose and Throat Examination</b> - Hearing screening results: Left ear: Normal speaking: / m; Whispering: / m Right ear: Normal speaking: / m; Whispering: / m - Diseases of Ears - Nose - Throat (if any): - Classification: I	(signed) Doctor Dinh Thi Lan Phuong, M.Sc.
<b>7. Odonto-Maxillo-Facial Examination</b> - Examination results: Upper jaw: / Chewing force 95% Lower jaw: - Odonto-Maxillo-Facial disease (if any) - Classification: I	signed) Doctor Le Thi My Hong

### III. SUBCLINICAL EXAMINATION

(barcode) 7829	Contents of Examination	Full Name and Signature of Doctor
<b>1. Blood Tests</b> a) Hemogram: b) Serum biochemistry: Urea: ASAT (SGOT): c) Others (if any):	Red blood cell count: Leukocyte count: Platelet count: Blood glucose: Creatinine: ALAT (GPT): Blood group : "AB" Rh : (+)	(signed) Vo Ngoc Thi, B.Sc.
<b>2. Urine Tests</b> a) Glucose: b) Protein: c) Others (if any):		
<b>3. Imaging Diagnosis:</b>		
<b>4. Others:</b>		

### IV. CONCLUSION

1. Classification of health: **TYPE II** (Circulation, Eyes)
2. Diseases and disables (if any):

Date: October 09, 2019

**CONCLUDING PERSON**

(Signature, full name and seal)

(signed and sealed)

**Doctor Vu Thi Bach Yen**

(Official seal of Binh Thanh District Hospital, the People's  
Committee of Binh Thanh District, Ho Chi Minh City)

Tôi, Lê Nguyễn Kiến An, giấy chứng minh nhân dân số 025700176 cấp ngày 15/10/2012 tại Công an TP. Hồ Chí Minh, cam đoan đã dịch chính xác văn bản này từ tiếng Việt sang tiếng Anh,

I, Le Nguyen Kien An, ID. Card No. 025700176 issued on October 15, 2012 by Ho Chi Minh City Police Department, hereby declare that the foregoing is true and exact English translation of the Vietnamese document attached hereto.

Ngày/ Date: 16/10/2019  
Người dịch/Translator

  
Lê Nguyễn Kiến An

Ngày 16/10/2019 (Bằng chữ: Ngày mười sáu tháng Mười năm Hai Ngàn Không Trăm Mười Chín), tại Ủy Ban Nhân Dân Quận Bình Thạnh,

Tôi, **Nguyễn Thanh Tâm**, Phó Trưởng Phòng Tư Pháp Quận Bình Thạnh,

Chứng thực:

Bà Lê Nguyễn Kiến An là người đã ký vào bản dịch này trước mặt tôi.

On this day, 16/10/2019 (In words: The Sixteenth day of October in the year of Two Thousand and Nineteen), at the People's Committee of Binh Thanh District,

I, **Nguyễn Thanh Tâm**, Deputy Head of Binh Thanh District Justice Office,

Hereby certify that:

Ms. Le Nguyen Kien An has executed this translation before me.

Số chứng thực/ Certification No. **012816**  
Quyển số/Book Volume: 10 SCT/CKND  
Ngày/Date: 16/10/2019



  
**Nguyễn Thanh Tâm**

**BINH THANH  
HOSPITAL**

**BINH THANH DISTRICT HOSPITAL**  
112AB Dinh Tien Hoang, Ward 1, Binh Thanh District  
5.108.973 – 5.108.908 – Fax: 5.513.617 – 8.418.492  
Email: khoaxetnghiem@bvbinhthanh.org.vn

**TEST RESULT REPORT**

Full name: **NGUYEN LUONG THANH NHAT** Year of birth: **1999** (barcode)  
Phone number: Sex: Female **091019-7829**  
Address: Dien Bien Phu, Ward 22, Binh Thanh District, Ho Chi Minh City  
Instruction Doctor: Department: Fee Collecting Counter  
Date of instruction: October 09, 2019 at 15:11 Patient category: Fee Collected  
Diagnosed:


NAME OF TESTS	RESULTS	NORMAL INDICATORS	UNIT
Hematology			
ABO system blood group determined by in vitro method; on stone laminate or on paper			
ABO system	"AB"		
Rh(D) system blood group determined by in vitro and stone laminate method	(+)		



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**Nguyễn Thanh Tâm**

