

HEALTH CERTIFICATE

At Transport Hospital
Date 27 Month 03 Year 2020

I, (Full name) BS. Nguyễn Thị Thu Hiền,
am a medical doctor, holding a medical practice license number 0013730,
place of practice (Name of hospital) Ngõ 84 chùa Láng ?,
Hospital's address Bệnh viện Giao Thông Vận Tải

I undertook a medical examination of Mr/Mrs/Miss TA. THỊ HOANG YEN.
Nationality Viet Nam Passport No. CA 98395
On date 27 month 03 year 2020

I hereby certify that Mr/Mrs/Miss TA. THỊ HOANG YEN

- ☐ is ☒ is not a disabled person who is not capable of working.
☐ suffers ☒ does not suffer from mental disorder/sickness/retardation.
☐ shows ☒ does not show symptoms of drug addiction.
☐ is ☒ is not a chronic alcoholic.
☐ presents ☒ does not present symptoms of contagious leprosy.
☐ suffers ☒ does not suffer from contagious tuberculosis.
☐ shows ☒ does not show symptoms of elephantiasis.

Comment and recommendation

I hereby certify that Mr/Mrs/Miss TA. THỊ HOANG YEN
is in good physical and mental health.

Signed [Signature] (Medical Doctor)
On date 27 month 03 year 2020
Official stamp of the hospital is required.



TL. TỔNG GIÁM ĐỐC
TS. BS. Nguyễn Thị Thu Hiền

- Important
- (1) This certificate has to be signed by a registered medical doctor and by an official stamp of the hospital.
 - (2) Examination must be undertaken at a hospital only.