

ĐI HỌC
CÔNG TÁC NƯỚC NGOÀI



Health Certificate

At

Date..... Month..... Year.....

I, (Full name) Ths.BS. NGUYỄN THẾ HÂN

am a medical doctor, holding a medical practice license number 005257/BYT-ECMM

place of practice (Name of hospital) Thông Nhất Hospital

Hospital's address

I undertook a medical examination of Mr/Mrs/Miss Nguyễn Hoàng Đức Thịnh

Nationality Vietnam Passport No. 66729232

On date month..... year.....

I hereby certify that Mr/Mrs/Miss

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> is | <input checked="" type="checkbox"/> is not | a disabled person who is not capable of working. |
| <input type="checkbox"/> suffers | <input checked="" type="checkbox"/> does not suffer | from mental disorder/sickness/retardation. |
| <input type="checkbox"/> shows | <input checked="" type="checkbox"/> does not show | symptoms of drug addiction. |
| <input type="checkbox"/> is | <input checked="" type="checkbox"/> is not | a chronic alcoholic. |
| <input type="checkbox"/> presents | <input checked="" type="checkbox"/> does not | present symptoms of contagious leprosy. |
| <input type="checkbox"/> suffers | <input checked="" type="checkbox"/> does not suffer | from contagious tuberculosis. |
| <input type="checkbox"/> shows | <input checked="" type="checkbox"/> does not show | symptoms of elephantiasis. |

Comment and recommendation

I hereby certify that Mr/Mrs/Miss Nguyễn Hoàng Đức Thịnh

is in good physical and mental health.



Signed..... LG (Medical Doctor)

On date month 12-03-2020 year