



MEDICAL CERTIFICATE

Full name (In CAPITAL): **LE DANH PHUONG**

Sex: Male ☒ Female ☐ Age: 20

N^o of ID/passport: **037200000026**; Issued on: April 5th, 2018

In: Ninh Binh Police Department

Current residence: Street No.3, Dong Thanh, Ninh Binh city, Ninh Binh

Reason to have a medical:to study.....

MEDICAL HISTORY OF THE SUBJECT

1. Family history

Is there anyone in your family get one of the following diseases: Infectious, cardiovascular, diabetes, tuberculosis, asthma, cancer, neurosis, others:

a) No ☒ b) Yes ☐

Please specify name of diseases:

2. Personal history: You had/have any diseases, medical conditions as the following:

Infectious, cardiovascular, diabetes, tuberculosis, asthma, cancer, neurosis, others:

a) No ☒ b) Yes ☐

Please specify name of diseases:

3. Other questions (if any):

a) Are you being in treatment of any diseases? If any, please list concurrent medication and dosage:

.....No.....

b) Maternity prehistoric (for women):

I hereby declare that my statements above
completely true and correct under my
understanding

Ninh Binh, April 28th, 2020

Proponent for Examination

(signature and full name)

Le Danh Phuong

(signed)



I. PHYSICAL CHECKING

Height: 170 cm

Weight: 65 kg
BIM index: 22.5

Vein: 70 times/minute

Blood pressure: 120/80 mmHg

Health classification: I (signed)

II. CLINICAL CHECKING

Contents of checking	Full name, signature of doctors
<p>1. Medical</p> <p>a) Circulation: <i>normal</i>..... Classification:I.....</p> <p>b) Respiration: <i>normal</i>..... Classification:I.....</p> <p>c) Digestion: <i>normal</i>..... Classification:I.....</p> <p>d) Kidney-ureter-genital: <i>normal</i>..... Classification:I.....</p> <p>e) Muscle – bones – joints: <i>normal</i>..... Classification:I.....</p> <p>f) Nerve: <i>normal</i>..... Classification:I.....</p> <p>g) Mental: <i>normal</i>..... Classification:I.....</p> <p>2. Surgical: <i>normal</i>..... Classification:I.....</p> <p>3. Gynecology: Classification:I.....</p> <p>4. Eyes:</p> <p>- Eyesight: No glasses: Right eye: Left eye: Glasses: 3D Right eye: 10/10 Left eye: 10/10</p> <p>- Diseases of eyes (if any): <i>Short-sighted</i>..... - Classification:I.....</p> <p>5. Otorhinolaryngology:</p> <p>- Hearing tests: Left ear: Normal speech: 5m; Low speech: 0.5m Right ear: Normal speech: 5m; Low speech: 0.5m</p> <p>- Diseases of otorhinolaryngology (if any): <i>no</i> - Classification:I.....</p> <p>6. Odonto-Stomatological:</p> <p>- Tests of: + Upper jaw: <i>normal</i>..... + Lower jaw: <i>normal</i>.....</p> <p>- Diseases of Odonto-Stomatological (if any): <i>no</i> - Classification:I.....</p> <p>7. Dermatology</p> <p>- Classification:I.....</p>	<p>(signed)</p> <p>(signed)</p> <p>(signed)</p> <p>(signed)</p>

III. PARACLINICAL CHECKING

Contents of checking	Full name, signature of doctors
1. Blood test: a) Blood formula: Quantity of RBC: Quantity of WBC: Quantity of platelet: b) Blood chemistry: Blood line: Urea: ASAT (GOT): ALAT (GPT): c) Other (if any): <i>HIV: negative</i>	(signed)
2. Urine test: a) Sugar: b) Protein: c) Other (if any):	
3. Photo diagnostic:	

IV. CONCLUSION

Classification of health⁴:II.....

Diseases, disabilities (if any)⁵:

Ninh Binh, April 28th, 2020

CONCLUDED BY

VICE DIRECTOR OF NINH BINH
MUNICIPAL HEALTH CENTER

Dr. Nguyen Duc Thang

(signed and sealed)

⁴Health classification prescribed in Decision No. 1613/QĐ-BYT or classification prescribed by the specialized health standards for cases of specialized health care.

⁵Specify the diseases, disabilities, treatment options, rehabilitation or specialist referral for medical examination and treatment

CERTIFICATION OF NINH BINH MUNICIPAL
JUSTICE DEPARTMENT

TRANSLATOR'S UNDERTAKING

This is to certify that Mrs. Ngo Thi Thuy, a collaborator of Ninh Binh municipal Justice department, ID card N^o 164122366 issued on 02/10/2014 by Ninh Binh Province's Public Security has signed before me to the translation attached hereto.

Certification N^o 48/... Book N^o: 01/SCT/CK

I, Ngo Thi Thuy, a collaborator of Ninh Binh municipal Justice department, ID card N^o 164122366 issued on 02/10/2014 by Ninh Binh Province's Public Security, undertake to have exactly translated this Vietnamese document into English.

Chief of Justice Department of Ninh Binh city

CHỨNG THỰC CỦA PHÒNG TƯ PHÁP THÀNH
PHỐ NINH BÌNH

NGƯỜI DỊCH CAM ĐOAN

Chúng thực bà Ngô Thị Thúy, cộng tác viên phòng Tư Pháp Thành phố Ninh Bình, CMND số 164122366 cấp ngày 02/10/2014 tại Công an Tỉnh Ninh Bình, đã ký vào bản dịch này trước mặt tôi.
Số chứng thực: 48/. Quyền số: 01/SCT/CK

Tôi, Ngô Thị Thúy, cộng tác viên phòng Tư Pháp Thành phố Ninh Bình, CMND số 164122366 cấp ngày 02/10/2014 tại Công an Tỉnh Ninh Bình cam đoan đã dịch chính xác văn bản tiếng Việt này sang tiếng Anh.

Ninh Bình, 29-04-2020

Ninh Bình, 29-04-2020



Người dịch/Translator

TRƯỞNG PHÒNG
HÀ THỊ KIM LIÊN

Ngô Thị Thúy