

Health Certificate

At 30-4 Hospital
Date 15 Month 03 Year 2020

I, (Full name) LE THU NGA
am a medical doctor, holding a medical practice license number 8059/BMT-CCHN
place of practice (Name of hospital) 30-4 Hospital
Hospital's address 09 Le Van Hanh street, District 5, HCMC

I undertook a medical examination of Mr/Mrs/Miss NGUYEN THI NGOC HAN
Nationality Vietnam Passport No. C7003921
On date 15 month 03 year 2020

I hereby certify that Mr/Mrs/Miss NGUYEN THI NGOC HAN
☐ 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 NGUYEN THI NGOC HAN
is in good physical and mental health.



Signed ThS.BS. Lê Thu Nga (Medical Doctor)
On date 18 month 03 year 2020
Official stamp of the hospital is required.

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.