



Health Certificate

At Hồ Chí Minh City

Date 21-4-2020

I, (Full name) Nguyễn Sơn

am a medical doctor, holding a medical practice license number _____

place of practice (Name of hospital) PAT GENERAL HOSPITAL

Hospital's address 10/89, Thuan Thai, Phường 15 Quận 10 TP. Hồ Chí Minh

I undertook a medical examination of Mr/Mrs/Miss NGUYEN TIEN HUNG

Nationality VIETNAM

On date 21-4-2020

Passport No. C6705664

I hereby certify that Mr/Mrs/Miss NGUYEN TIEN HUNG

<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 _____

in good physical and mental health.

Hiện tại sức khỏe bình thường
Normal current health

Signed 22-4-2020

On date _____ month _____ year _____

Official stamp of the hospital is required.

BS-CKI Nguyễn Sơn
(Medical Doctor)

T. GIÁM ĐỐC
PHỤ TRÁCH PHÒNG KHMT



BSCKI Cao Ngọc Sơn

(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.