

# AFFIDAVIT

I, \_\_\_\_\_, translator in the City of Toronto, Province of Ontario, make oath and say:

1. I am fluent in both Chinese and English.
2. I have translated the annexed document and carefully compared the translation from Chinese into English with regard to the following document:

Medical Certificate

3. The said translation is, to the best of my knowledge and ability, the complete and correct translation of said document.

**SWORN** before me at the City of Toronto  
In the Regional Municipality of Metropolitan  
Toronto

This 13<sup>th</sup> day of July, 2022

A Notary Public in and for the  
Province of Ontario

JUST  
\_\_\_\_\_  
Notary Public  
in and for the Province of Ontario  
Tel: \_\_\_\_\_  
Add: \_\_\_\_\_  
Toronto, On. M6H1A4



**Baoji Hospital of Traditional Chinese Medicine**  
**Medical Certificate**

Name:	Gender: Male    Age: 31y	Employer or address: None
Preliminary diagnosis: (1) Alopecia seborrheica (2) Folliculitis		Outpatient/Inpatient No.: 00000000
Treatment opinions (suggestions):		
1. Symptomatic treatment of anti-infection and immune regulation;		
2. Clinic Chinese medicine hydropathic compress, Tid;		
3. Regular Clinic follow-up		
Dermatology Dept.	Physician:	2022-07-18

It is invalid without medical service seal or alteration.

Stamp: Baoji Hospital of Traditional Chinese Medicine  
Outpatient department  
Special Stamp for diagnosis certificate



\_\_\_\_\_  
r. and Notary Public  
nce of Ontario

Tel: \_\_\_\_\_  
Add: \_\_\_\_\_  
ronto, On. M6H1A4

### 宝鸡市中医医院医学证明书

姓名:	性别:男 年龄:31岁	工作单位或地址:无
初步诊断:	(1)脂溢性脱发 (2)毛囊炎	门诊号 住院
处理意见: (建议)	1.抗感染、调节免疫对症治疗; 2.门诊中药湿敷, 1次/3天; 3.定期门诊复诊。	
皮肤科	医生:	

未盖医疗专用章或涂改者无效



I certify that this is a true copy  
of the original document

Date: 18<sup>th</sup> day of July 2022

Tel:   
Add:

Notary Public  
of Ontario  
Toronto, On. M6H1A4