

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 documents and carefully compared the translations from Chinese into English with regard to the following documents:

First Course Record
Admission Notice

3. The said translations are, to the best of my knowledge and ability, the complete and correct translations of said documents.

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

This ¹8 day of Oct, 2015

A Notary Public in and for the
Province of Ontario

Public

L3R 529

Tianjin Jinnan Hospital
Admission Notice

Outpatient

Record Number: 000042028500 ☐ Ambulatory Surgery

Name:		Gender:	Female	Age:	79 y
Dept.:	Cardiovascular Medicine Outpatient Clinic	Payment Type:	Tianjin Urban Employee Medical Insurance	Contact Phone:	
ID No.:		Contact Person:		Contact Person's Phone:	
Date of Visit:	2025-10-06	Address:			
Proposed Admission Dept.:	Cardiovascular Medicine	Proposed Admission Ward:	Cardiovascular Medicine Ward	Proposed Admission Date:	2025-10-07
Prepaid Amount:	5,000 Yuan	Admission Mode:	Ambulatory	Admission Route:	Outpatient
Preliminary Diagnosis:	Coronary atherosclerotic heart disease				
Treatment Advice					
Allergy History:	Unknown				
Order Issuance Time: 2025-10-06 14:16 Order-Issuing Physician: 					



J
B:
T:
A:

Public
R 529

门诊

天津市津南医院 入院通知单

☐ 日间手术

姓 名		性 别	女性	年 龄	79岁
科 室	心血管内科门诊	费 别	天津市城职医	联系电话	
身份证号		联 系 人		联系人电	
就诊日期	2025-10-06	地 址			
拟入院科室	心血管内科	拟入院病区	心血管内科病房	拟入院日	2025-10-07
预交金额	5000元	送入方式	自走	入院途径	门诊
初步诊断	冠状动脉粥样硬化性心脏病				
处理意见					
过 敏 史	不详				
开立时间: 2025-10-06 14:16			开立医生:		

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

Date: 8th day of Oct, 2025