

AFFIDAVIT

I, GUO, 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 Record

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 th 5 day of Feb, 2026

A Notary Public for the
Province of Ontario

Public

add: 071 222 2222

People's Hospital of [REDACTED] District, Jinzhong

Medical Payment Method: 7

Front Page of Medical Record

Organization Code: [REDACTED]

Health Card Number: -

First Hospitalization

Medical Record Number: 00[REDACTED]

Name: [REDACTED] Gender: 1. Male 2. Female Date of Birth: December [REDACTED] Age: [REDACTED] Nationality: China
(Age under 1 year old): [REDACTED] months Newborn Birth Weight: [REDACTED] grams Newborn Admission Weight: [REDACTED] grams
Place of Birth: [REDACTED] County [REDACTED], Shanxi Province Native Place: [REDACTED], Shanxi Province
Ethnic Group: Han
ID Card No.: [REDACTED] Marital Status: 1. Unmarried 2. Married 3. Widowed 4. Divorced 9. Other
Current Address: [REDACTED] County, Jinzhong, Shanxi Province Telephone: [REDACTED]
Postal Code: 03[REDACTED]
Household Registration Address: [REDACTED] Jinzhong, Shanxi Province Postal Code: 030[REDACTED]
Employer and Address: Shanxi [REDACTED] Co., Ltd. Unit Telephone: [REDACTED] Postal Code: 03[REDACTED]
Contact Person: [REDACTED] Relationship: Son Address: [REDACTED] Shanxi Province Telephone: [REDACTED]
Admission Route: 1. Emergency 2. Outpatient 3. Transferred from other medical institutions 9. Other
Admission Time: 202[REDACTED]-[REDACTED]-[REDACTED] 11:00 Admitting Department: Emergency Ward: - Transferred Department: -
Discharge Time: 202[REDACTED]-[REDACTED]-[REDACTED] 09:00 Discharging Department: Neurology Ward: 0 Actual Length of Stay: 43 days
Outpatient/Emergency Diagnosis: Multiple contusions Disease Code: [REDACTED]

Discharge Diagnosis	Admission Condition	Discharge Outcome	Disease Code
Principal Diagnosis: Severe closed craniocerebral injury	1	2	S00.00x003
Other Diagnoses: Traumatic subdural hematoma	1	2	S00.500.002
Scalp laceration	1	2	S01[REDACTED]
Contusion of eyebrow arch	1	2	S00.100[REDACTED]
Contusion of auricle	1	2	S00.400.001
Fracture of tibia	1	2	S82[REDACTED]
Fracture of lumbar vertebra L4	1	2	S32.00[REDACTED]
External Cause of Injury or Poisoning: Cyclist injured in collision between bicycle and car, light truck or van			V1[REDACTED]
Pathology Number: Pathological Diagnosis:			
Notes: (Admission Condition: 1. Present, 2. Clinically Unconfirmed, 3. Unknown, 4. Absent; Discharge Outcome: 1. Cured, 2. Improved, 3. Unimproved, 4. Deceased, 9. Other)			
Drug Allergy: 1. No 2. Yes Allergic Drugs: - Autopsy for Deceased Patients: 1. Yes 2. No			
Blood Type: 1. A 2. B 3. O 4. AB 5. Unknown 6. Not Checked Rh: 1. Negative 2. Positive 3. Unknown 4. Not Checked			
Department Director: [REDACTED] Chief/Deputy Chief Physician: [REDACTED] Attending Physician: [REDACTED] Resident Physician: -			
Responsible Nurse: [REDACTED] Visiting Physician: - Intern Physician: - Coder: [REDACTED]			
Medical Record Quality: 1. Grade A 2. Grade B 3. Grade C Quality Control Physician: [REDACTED] Quality Control Nurse: [REDACTED]			
Quality Control Date: 20[REDACTED]			

[REDACTED]
Barrister, Solicitor and Notary Public

[REDACTED] Legend Mark

Surgery/Operation Code	Surgery/Operation Date	Surgery Level	Surgery/Operation Name	Surgeons/Operators			Incision Healing Grade	Anesthesia Method	Anesthesiologist
				Surgeon	I	II			
00x	20-0-2	1	Skin Suture				4	35	

Discharge Method: ☐ 1. Discharge by medical order ☐ 2. Transfer to another hospital by medical order ☐ 3. Transfer to community health service institution/township health center by medical order ☐ 4. Discharge against medical advice ☐ 5. Death ☐ 9. Death

Name of intended receiving medical institution: -

Is there a plan for readmission within 31 days after discharge? ☐ 1. No ☐ 2. Yes Purpose:-

Coma time for patients with craniocerebral injury: Before admission: days [] hours [] minutes

After admission: [] days [] hours [] minutes

Resuscitation: ☐ 1. No ☐ 2. Yes Number of resuscitations: [] Successful: []

Diagnostic Consistency: ☐ Discharge vs. Outpatient ☐ Admission vs. Discharge ☐ Preoperative vs. Postoperative ☐ Clinical vs. Pathological ☐ Radiological vs. Pathological

Options: 0. Not performed 1. Consistent 2. Inconsistent 3. Uncertain

Hospitalization Expenses (Yuan): Total Expenses: 2.08 (Out-of-Pocket Amount 2.08)

1. Comprehensive Medical Services: (1) General Medical Service Fee: 1.00 (2) General Treatment Procedure Fee: 0.00 (3) Nursing Fee: 0.00 (4) Other Fees: 0.00

2. Diagnostic Services: (5) Pathological Diagnosis Fee: 0.00 (6) Laboratory Diagnosis Fee: 1.00 (7) Imaging Diagnosis Fee: 0.00 (8) Clinical Diagnostic Item Fee: 0.00

3. Therapeutic Services: (9) Non-Surgical Treatment Item Fee: 7.00 (Clinical Physical Therapy Fee: 7.00) (10) Surgical Treatment Fee: 0.00 (Anesthesia Fee: 0.00, Surgical Operation Fee: 0.00)

4. Rehabilitation: (11) Rehabilitation Fee: 0.00

5. Traditional Chinese Medicine (TCM): (12) TCM Treatment Fee: 0.00

6. Western Medicine: (13) Western Medicine Fee: 0.40 (Antimicrobial Drug Cost: 0.40)

7. Chinese Patent Medicine: (14) Chinese Patent Medicine Fee: 1.17 (15) Chinese Herbal Medicine Fee: 0.00

8. Blood and Blood Products: (16) Blood Product Fee: 0.00 (17) Albumin Product Fee: 0.00 (18) Globulin Product Fee: 0.00 (19) Coagulation Factor Product Fee: 0.00 (20) Cytokine Product Fee: 0.00

9. Medical Consumables: (21) Disposable Medical Materials for Examination: 23.81 (22) Disposable Medical Materials for Treatment: 1349.74 (23) Disposable Medical Materials for Surgery: 0.00

10. Other: (24) Other Fees: 0.00

Notes:

(1) Medical Payment Method:

① Urban Employee Basic Medical Insurance; ② Urban Resident Basic Medical Insurance;

③ New Rural Cooperative Medical Scheme; ④ Poverty Assistance;

⑤ Commercial Medical Insurance; ⑥ Full Public Funding;

⑦ Fully Self-paid; ⑧ Other Social Insurance;

⑨ Other.

(2) If a detailed hospitalization expense list can be provided by the hospital information system, the "Hospitalization Expenses" section on the front page of the inpatient medical record may be left blank.

(3) Place of Birth, Current Address, Registered Domicile Address: Must be filled in detail. Place of Origin: Fill in down to the city/county level.

Seal: District People's Hospital,

Special Seal for Medical Records Duplication

Barrister, Solicitor and Notary Public

Address: Markham, ON.

晋中市[]区人民医院

医疗付费方式: ☒ 7

住院病案首页

组织机构代码: 4

健康卡号: -

第 01 次住院

病案号: 0

姓名 [] 性别 ☒ 1.男 2.女 出生日期 19[] 年 [] 月 [] 日 年龄 7[] 国籍 中国
(年龄不足1周岁的)年龄 - 月 新生儿出生体重 - 克 新生儿入院体重 - 克
出生地 山西 省(区、市) [] 市 [] 县 籍贯 山西 省(区、市) [] 市 民族 汉族
身份证号 [] 婚姻 ☒ 2. 1.未婚 2.已婚 3.丧偶 4.离婚 9.其他
现住址 山西 省(区、市) 晋 [] 市 [] 县 电话 [] 邮编 0[]
户口地址 山西 省(区、市) 晋 [] 市 [] 县 邮编 03[]
工作单位及地址 山西省晋中市 [] 单位电话 - 邮编 []
联系人姓名 [] 关系 子 [] 电话 []
入院途径 ☒ 2. 1.急诊 2.门诊 3.其他医疗机构转入 9.其他
入院时间 202[] 年 [] 月 [] 日 时 入院科别 急诊科 病房 - 转科科别 -
出院时间 202[] 年 [] 月 [] 日 时 出院科别 神经外科 病房 - 实际住院 43 天
门(急)诊诊断 多处挫伤 疾病编码 T []

出院诊断	入院病情	出院情况	疾病编码
主要诊断: 闭合性颅脑损伤重型	1	2	S00[]003
其他诊断: 创伤性硬脑膜下血肿	1	2	S00[]002
头皮裂伤	1	2	S00[]001
眉弓挫伤	1	2	S00[]000
耳廓挫伤	1	2	S00[]051
胫骨骨折	1	2	S00[]002
腰椎骨折L4	1	2	S00[]041
损伤、中毒的外部原因: 骑脚踏车人员在脚踏车与小汽车、轻型货车或篷车碰撞中			
病理号:	病理诊断:		
备注(入院病情: 1.有, 2.临床未确定, 3.情况不明, 4.无 出院情况: 1.治愈 2.好转 3.未愈 4.死亡 9.其他)			

药物过敏 ☒ 1.无 2.有 过敏药物: - 死亡患者尸检 ☐ 1.是 2.否

血型 ☒ 3. 1.A 2.B 3.O 4.AB 5.不详 6.未查

Rh ☒ 4. 1.阴 2.阳 3.不详 4.未查

科主任 [] 主任(副主任)医师 [] 主治医师 [] 住院医师 -

责任护士 [] 进修医师 - 实习医师 - 编码员 []

病案质量 ☒ 1.甲 2.乙 3.丙 质控医师 [] 质控护士 [] 质控日期 2[] 年 [] 月 [] 日

I certify that this is a true copy

of the original document

Date [] Feb, 20[]

手术及操作编码	手术及操作日期	手术级别	手术及操作名称	手术及操作医师			切口愈合等级	麻醉方式	麻醉医师
				术者	I	II			
000x	2020-07-2	1	皮肤缝合术				4	35	

离院方式 ☒ 1.医嘱离院 2.医嘱转院 3.医嘱转社区卫生服务机构/乡镇卫生院 4.非医嘱离院 5.死亡 9.死亡

拟接收医疗机构名称: -

是否有出院31天内再住院计划 ☒ 1.无 2.有 目的

颅脑损伤患者昏迷时间: 入院前 天 小时 分钟 入院后 天 小时 分钟

抢救 ☒ 1.无 2.有 抢救 - 次 成功 次

诊断符合情况: ☒ 出院与门诊 ☒ 入院与出院 ☒ 术前与术后 ☐ 临床与病理 ☐ 放射与病理
 0 未做 1符合 2 不符合 3 不肯定

住院费用(元): 总费用: 2.08 (自付金额: 2.08)

1.综合医疗服务类: (1) 一般医疗服务费: 0.00 (2) 一般治疗操作费: 0.00 (3) 护理费: 0.00
 (4) 其他费: 0.00

2.诊断类: (5) 病理诊断费: 0.00 (6) 实验室诊断费: 0.00 (7) 影像学诊断费: 0.00
 (8) 临床诊断项目费: 0.00

3.治疗类: (9) 非手术治疗项目费: 0.00 (临床物理治疗费: 0.00)
 (10) 手术治疗费: 0.00 (麻醉费: 0.00 手术费: 0.00)

4.康复类: (11) 康复费: 0.00

5.中医类: (12) 中医治疗费: 0.00

6.西药类: (13) 西药费: 36 (抗菌药物费用: 0.40)

7.中药类: (14) 中成药费: 7 (15) 中草药费: 0.00

8.血液和血液制品类: (16) 血费: 0 (17) 白蛋白类制品费: 0.00 (18) 球蛋白类制品费: 0.00
 (19) 凝血因子类制品费: 0.00 (20) 细胞因子类制品费: 0.00

9.耗材类: (21) 检查用一次性医用材料费: 1 (22) 治疗用一次性医用材料费: 0.74
 (23) 手术用一次性医用材料费: 0.00

10.其他类 (24) 其他费: 0.00

说明:
 (1) 医疗付费方式: ①城镇职工基本医疗保险; ②城镇居民基本医疗保险;
 ③新型农村合作医疗; ④贫困救助;
 ⑤商业医疗保险; ⑥全公费;
 ⑦全自费; ⑧其他社会保险;
 ⑨其他。

(2) 凡可由医院信息系统提供住院费用清单, 住院病案首页中可不填写“住院费用”。that this is a true copy
 (3) 出生地、现住址、户口地址; 详细填写, 籍贯填写带市、县一级。

of the original document
 Date: 2020-07-2
 王能王 创