

## AFFIDAVIT

I, WUWEN 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 Diagnosis 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 6<sup>th</sup> day of Feb, 2026

A Notary Public in the  
Province of Ontario

Barrister, Solicitor, Notary Public

Affidavit signed by W. Guo, Clerk.

*Wu Wen Guo*

WUWEN GUO

# The Second Hospital

## Medical Diagnosis Certificate

NO: [REDACTED]

Name:	[REDACTED]	Age:	[REDACTED]	Gender:	Female
Outpatient No.:	[REDACTED]	Department:	Hemodialysis Clinic	Patient ID:	[REDACTED]
Current Diagnoses	1. Hemodialysis; 2. Renal Anemia; 3. Hyperphosphatemia; 4. Renal Hypertension; 5. Chronic Heart Failure; 6. Secondary Hyperparathyroidism; 7. Hyperkalemia; 8. Chronic Kidney Disease Stage 5; 9. Metabolic Acidosis; 10. Uremia				
Examination Date	2024-04-23 08:02				
Recommendations	<p>1. The patient has received maintenance hemodialysis treatment in our hospital since April 23, 2024, three times a week. It is recommended that the patient continue maintenance hemodialysis treatment.</p> <p>2. Follow up in the clinic and review regularly. Corresponding drugs shall be administered according to the examination results to control complications.</p>				
Rest Recommendations					
Physician's Signature:	[REDACTED]	Application Time:	2024-04-23 00:00		
<p>Remarks:</p> <p>1. This certificate is only for outpatients and emergency patients.</p> <p>2. This certificate shall be signed by the physician after issuance and affixed with the official seal within two days; it shall be invalid without the official seal.</p>					

Seal: [REDACTED] nd [REDACTED] of [REDACTED]  
Special seal for [REDACTED] Ser [REDACTED]

Barrister, Solicitor and Notary Public  
Tel: 416-299-0000  
1000 Yonge St. 10th Fl. Toronto, Ont. M4W 1B7





# 长沙市第二医院

## 疾病诊断证明书

NO: [REDACTED]

姓名:	[REDACTED]	年龄:	[REDACTED]	性别:	女
门诊号:	[REDACTED]	科室:	血液透析门诊	患者证件:	[REDACTED]
目前诊断	1、血液透析。2、肾性贫血。3、高磷血症。4、肾性高血压。5、慢性心力衰竭。6、继发性甲状旁腺功能亢进。7、高钾血症。8、慢性肾脏病5期。9、代谢性酸中毒。10、尿毒症。				
检查日期	2022年01月31日 08时02分				
意见:	1.患者于2022年4月17号至今于我院行维持性血液透析治疗,1周3次,建议患者继续维持性血液透析治疗;2.门诊随访,定期复查,根据检查结果,使用相应药物,控制并发症。				
休息建议:					
医师签名	[REDACTED]			申请时间:	2022年01月31日 00:00
备注: 1.本证明书仅限门诊急症患者使用。 2.本证明书出具后医师签名,并于两日内加盖公章,未加盖公章无效。					

I certify that this is a true copy  
of the original document.  
Date: 6 of Feb