

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 6th day of Feb, 2016

A Notary Public in the
Province of Ontario

WUWEN GUO

Barrister, Solicitor, Notary Public

Associate: [redacted] W. [redacted] Stark

The Second Hospital

Medical Diagnosis Certificate

NO:

Name:		Age:		Gender:	Female
Outpatient No.:		Department:	Hemodialysis Clinic	Patient ID:	
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	2024-05-01 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:		Application Time:	2024-05-01 00:00		
Remarks:	<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: The Second Hospital of _____
Special seal for _____ Service

Barrister, Solicitor and Notary Public
Tel: 416-555-1234
Fax: 416-555-1235
Email: info@secondhospital.ca



[REDACTED]市第二医院

疾病诊断证明书

NO: [REDACTED]

姓 名:	[REDACTED]	年 龄:	4	性 别:	女
门诊号:	[REDACTED]	科 室:	血液透析门诊	患者证件:	[REDACTED] 6
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	202[REDACTED]年0[REDACTED]月3[REDACTED]日 08时02分				
意 见:	1.患者于202[REDACTED]年4月1[REDACTED]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: 202[REDACTED]月[REDACTED]日 00:00			
备注: 1.本证明书仅限门急诊患者使用。 2.本证明书须后医签名，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