

Medical Certificate

医生证明

A Prescribing doctor – 处方医师

(name / 姓)

(first name(s) / 名)

(phone / 电话)

(fax / 传真)

(address / 地址)

B Patient – 病人:

(name / 姓)

(first name(s) / 名)

(place of birth / 出生地)

(date of birth / 出生日期)

(no. of passport / 护照号码)

(sex: male / female – 性别: 男/女)

(nationality / 国籍)

(duration of travel in days / 旅游天数)

(date of arrival / 抵达日期)

(date of departure / 出发日期)

C Prescribed drug – 药品:

(trade name / 商品名)

(daily dose (mg) / 每日剂量 (mg))

(international name of active substance / 通用名)

(dosage form: liquid / tablets / 性状(液体/颗粒))

(concentration of active substance / 主要成分比例)

(duration of prescription in days / 疗程天数)

(total quantity of active substance (mg) / 主要成分剂量 (mg))

The medication the patient carries has been legally prescribed for medical treatment purposes. Confiscating/not taking the medication leads to a life-threatening condition.
此药品为合法医生处方，若不按时服用将造成病人生命危险。

(Signature and stamp of the physician / 医师签章)

(Date / 日期)