

Official Translation from Persian

Dr. R.

(Medical Council No.)

Dermatologist, Internist

Add: Unit 2, upper floor of , ,

Date: 20.07.

Patient's Name:

Considering performed tests and clinical examinations, **Ms.** is physically healthy and her and Aids tests are negative.

Signed and sealed by:

Dr. R. , Medical Council No.:

Only the signature of Dr. , regardless of the contents, is certified.

Date: 21.07.

True translation certified.a.