



Medical Certification

CT No: 2000-1

Name : Ok-sun Lee Chart No. : 60001
Birth of Date or Age : [REDACTED] Sex : Female
Nationality : Korean Race : _____
Address : _____

To whom it may concern :

I certify that above named patient has been examined with the following results

1. Diagnosis : 1) Hearing Disturbance
2) Late Latent Syphilis
2. Lab. Test : VDRL - weakly reactive
TPHA - reactive
3. Treatment : _____
4. Dr.'s opinion : Hearing disturbance occurred when she was
a military comfort woman. She was hit
in the ear
5. Hospitalization Period : _____

Date : Nov. / 11th / 2000 -
Month Day Year

Signed : Tae-won Kim 

Inchon Sarang Hospital

(official stamps)



