

Medical Certification

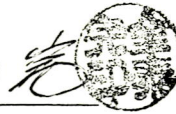
Name : Choon-ja Kim Chart No. : 60007
 Birth of Date or Age : [REDACTED] Sex : Female
 Nationality : Korean Race :
 Address :

To whom it may concern :

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

1. Diagnosis : # Amputation, middle phalanx, ring finger, Left.
Late Latent syphilis
2. Lab. Test : VDRL : reactive (titer 1:2)
TPHA : reactive
3. Treatment :
4. Dr.'s opinion : she was cut in her finger when she
was a military comfort woman.
5. Hospitalization Period :

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

Signed : Taewon Kim 

Inchon Sarang Hospital

(official stamps)

