

**A certificate of illness issued by a medical institution
must include the following information:**

(Letterhead of Medical Institution)

Name of Medical Institution

Address and Phone Number

Certificate of Illness

I hereby certify the medical condition of the following person:

Name:

Chan Tai Man

Macao SAR Resident Identity Card No.: 1234567(8)

Name of Illness:

Lung cancer

Approach to Treatment:

Surgery

[Treatment Period:]

Chemotherapy

[Treatment Period:]

Radiotherapy

[Treatment Period:]

Period of Illness: 10 February 2024 to 28 October 2024

Condition of Patient:

Detailed description of the severity of the illness and the negative impact on the applicant's health and daily life, such as a lack of self-care ability, the need for follow-up treatment, etc. is required.

Seal of Institution:

Seal of Institution

Title of Physician:

Chief Physician

Name of Physician:

Lei Sei

Signature of Physician: *Lei Sei*

Date of Signature:

1 April 2025

This document must be issued after the period of illness.