BILINGUAL MEDICAL CERTIFICATE
CERTIFICADO MÉDICO BILINGÜE

(The content of this certificate is an exact copy in English and in Spanish)

(El contenido de este certificado es exactamente igual en inglés como en español)

Medical Certificate of Good Health

This is to certify that Mr./ Ms. .....
is free of drug addiction, mental illness, and does not suffer from any disease that could cause serious repercussions to public health according to the specifications of the International Health Regulations of 2005. These contagious diseases include, but are not limited to smallpox, poliomyelitis by wild poliovirus, the human influenza caused by a new subtype of virus and the severe acute respiratory syndrome (SARS), cholera, pneumonic plague, yellow fever, viral hemorrhagic fevers (e.g.: Ebola, Lassa, Marburg), West Nile Virus and other illnesses of special importance nationally or regionally (e.g.: Dengue Fever, Rift Valley Fever, and meningococcal disease).

Certificado Médico de Buena Salud

Este certificado acredita que el/la Sr./ Sra. .....
no padece ninguna drogodependencia, enfermedad mental o alguna de las enfermedades que suponen riesgo para la salud pública de conformidad con lo dispuesto en el Reglamento Sanitario de 2005. Estas enfermedades contagiosas incluyen, entre otras, la viruela, poliomielitis por poliovirus, gripe humana causada por nuevos subtipos del virus, síndrome respiratorio agudo severo (SARS), cólera, neumonía, fiebre amarilla, las fiebres hemorrágicas virales (como el Ébola, Lassa, Marburg, etc.), la fiebre del Nilo Occidental y otras enfermedades de ámbito nacional o regional (como el Dengue, Fiebre del Valle del Rift, síndrome meningocócico, etc.).

Medical Center Stamp *(Sello del centro médico)* *[Mandatory/Obligatorio]*	**Doctor's Signature** *(Firma del médico)* *[Mandatory/ Obligatorio]*	**Doctor's License Number** *(Número de Registro)* *[Mandatory/ Obligatorio]*

In _____, (*Day*) _____ ,*(Month)* _____ , *(Year)* _____
(En) *(día)* *(mes)* *(año)*

INSTRUCTIONS:

- **Written on letterhead paper from hospital´s/doctor's office:**

See a doctor (MD) and they will determine if you are of good health according to the International Health Regulation (2005). This PDF file can be sent electronically in order to be printed out on letterhead paper. The doctor may also use this sample as a guide to write his or her own certificate. Remember that it must specifically mention the International Health Regulations (2005). The doctor should then print out, sign, date and stamp the Medical Certificate.

- **Written on Template:**

This template can also be signed and filled out by the doctor, ***with doctor´s stamp***; without the stamp, the template is not valid. Therefore, if your doctor does not have a stamp, in order to be accepted, the doctor must write the information from the template to a letter with a letterhead of the hospital or doctor's office, so it can be accepted at the Consulate.