

Medical Certificate of Good Health

This certificate verifies that Mr./Ms.

Certificado Médico de Buena Salud

Se certifica que el Sr./Sra.

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 polio virus, 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, Marbug), West Nile virus and other illnesses of special importance nationally or regionally (e.g.: Dengue Fever, Rift Valley Fever, and meningococcal disease).

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 Internacional de 2005. Estas enfermedades incluyen, entre otras, la viruela, poliomielitis por poliovirus, gripe humana causada por nuevos subtipos de virus, síndrome respiratorio agudo severo (SARS), cólera, neumonía, fiebre amarilla, las fiebres hemorrágicas virales (como el Ébola, Lassa, Marburgo, etc.), la fiebre del Nilo Occidental y otras enfermedades de ámbito nacional o regional (como el Dengue, fiebre del Valle del Rift, síndrome meningocócico.)

Original Physician Signature/ Firma original del médico:

**Physician's Name and Last Name clearly typed or written on capital letters/
Nombre y apellidos del médico a máquina o escritas a mano en mayúsculas**

Physician's License number/ Número de licencia del médico:

Place and date / Lugar y fecha:

**Official Physician Stamp /
Sello oficial del médico:**



INSTRUCTIONS FOR MEDICAL CERTIFICATE

The Medical Certificate PDF file intend is for electronic transmission and subsequent printing on the official letterhead paper of the attending physician. Furthermore, it serves as a reference document, enabling medical practitioners to compose their own certificates.

Instructions for the Medical Office:

1. The patient's name/s, middle name, and last name/s must be precisely identical to the information recorded in the **patient's passport**, typed or clearly written on capital letters on the designated area.
2. A licensed **Medical Doctor (MD)** must conduct a thorough examination to ascertain that the individual under examination is devoid of drug addiction, mental disorders, and any ailment that may have severe implications for public health, in strict adherence to the provisions delineated in the International Health Regulations of 2005.
3. Following the completion of the medical examination and in accordance with the guidelines set forth in the International Health Regulations of 2005, the Medical Doctor should subsequently generate a hard copy of the Medical Certificate. This document must bear the doctor's signature, date, and stamp. Additionally, the Medical Doctor is required to append **"MD" next to their signature**.

Instructions for the Visa applicant:

1. Review the medical certificate before leaving the Doctor's Office to be sure all the fields have been completed since **only a Medical Doctor can amend, add or change any information contained in this certificate**.
2. If you observe any omissions or inaccuracies, kindly revisit your attending physician and request the issuance of a new certificate. Only **the medical practitioner** who originally administered the examination is authorized to input, revise, include, or exclude any information within this certificate.
3. As part of your visa application submission, you must include both the **original Medical Certificate and a photocopy**, along with all other required documentation.