

Instructions:

Below is sample language in English and Spanish provided by the consulate. They can copy it verbatim or write in own words (either in English or Spanish). If doctor chooses the latter, note **the language regarding the "International Health Regulations of 2005 must be included.**

In addition, the letter **must:**

- Be printed on doctor's office letterhead (so if using sample language, copy onto letterhead)
- Clearly show physician's name and title (DO or MD) in print somewhere on the letter, either as part of letterhead or under the signature
- Be dated, signed (indicating city/state where signing) and stamped
 - If don't have official physician's stamp, office return address stamp usually does the trick

English Sample

This certificate verifies 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 polio virus, the human influenza caused by a new subtype of virus and the severe acute respiratory syndrome (SARS), cholera, pneumonic plague, Bellow 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).

Signature: _____

Printed Name/Title of Physician _____

Place and date: _____

Official Physician Stamp: _____

Spanish Sample

Por el presente se certifica que el 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 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, etc.)

Firma original del médico _____

Nombre y título del médico _____

Lugar y fecha _____

Sello oficial del médico: _____