



**GOBIERNO DE CHILE**  
**MINISTERIO DE RELACIONES EXTERIORES**  
**CONSULADO GENERAL DE CHILE EN VANCOUVER**

**MEDICAL CERTIFICATE**

Date:

Ms./Mr./Mrs. \_\_\_\_\_

DOB: \_\_\_\_\_

Based on blood, urine and stool tests performed, (test results obtained within the last 30 days are attached) I certify that the above patient has been examined by me and found in good health, suitable for work, residence or study abroad and that her/she is free from infectious and contagious diseases.

\_\_\_\_\_  
Signature, address, billing number and seal of physician

Note: This certificate is only valid if properly dated and must include physicians stamp/seal, billing number and signature.