INSTRUCTIONS FOR THE REQUIRED MEDICAL CERTIFICATE
For use by the Spanish Consulate (NOT FOR EAP)

(required only for stays over 180 days)

The Spanish government requires a medical certificate, signed by a doctor, to process student visas for stays over 180 days. See sample text below. This is separate from the UCEAP Health Clearance. The Health Clearance must be sent to UCEAP by the date listed on your Predeparture Checklist.

REQUIRED:
• The original medical certificate must be:
  1. translated into Spanish plus one (1) copy;
  2. issued on a doctor or medical center letterhead, and
  3. signed by a physician (MD or DO). A stamped signature will not be accepted.

• The certificate must be issued in the place of residence, and is valid for three months counting from the date it has been issued.
• The doctor must certify that the student does not suffer from any illness that would pose a threat to public health according to WHO IHR 2005.
• The certificate must bear the official stamp of the administering center; however, the stamp will not be regarded as a substitute for the doctor’s signature.
• Any amendment to the certificate or erasure may render it invalid.
• Visit the World Health Organization website (http://www.who.int/ihr/health_risks/en/index.html) to find the exact information regarding the control and containment of known risks to public health.

INSTRUCTIONS for students:
Ask your doctor or medical provider to reproduce BOTH the English and Spanish texts below on his or her letterhead. Make sure that your name is included as it is listed on your passport. Ask your doctor to sign and date below both paragraphs. Take the original letter, on your doctor’s letterhead, with one copy of the document to your appointment at the Consulate.

Sample Text

This medical certificate attests that Mr. / Ms. ……………………… does not suffer from any illness that would pose a threat to public health according to the International Health Regulations of 2005.

Signature Date

Este certificado médico acredita que el Sr./Sra…………………………. no padece ninguna de las enfermedades que pueden tener repercusiones de salud pública graves de conformidad con lo dispuesto en el Reglamento Sanitario Internacional del 2005.

Firma Fecha