

Fill out only the blanks that are marked with Green arrows, and the section marked within the Green box.

*For the Vaccine information, please indicate the date of your last dose and wich COVID vaccine was (Ex. Moderna, Pfizer, J &J, etc.)

| INTERNATIONAL | HEALTH Type "D' | | | CERTIFICA | Cale Street | ERNO DE BAJA (| ALIFORNIA |
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| MEDICAL INSPECTOR 1-Articulo 5, fracción XII, Reglamento de la Ley Gen | K | | | P'S CAPTAIN | - 6 | | 3) |



