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| **NOMBRE DE LA MISION (Mission objective)** | ***CIUDAD DE ORIGEN***  |  | ***SITIO DE DESTINO*** |  |
|   | ***FECHA ACTIVACION (Date activation)*** |   | ***HORA DE ACTIVACION(Time activation)*** |   |
|   |
| **RIESGOS SANITARIOS LOCALES** *(Local Health risks)* |   |
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| **APOYO MEDICO EN CIUDAD ORIGEN** *(Medical support in city origin)* |
| *DEPTO(department)* | *CONTACTO (Contac)* | *CORREO ELECTRONICO (e-mail)* | *OTROS (Others)* |
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| **SOPORTE LOCAL DE SALUD** (*Local healt care support)* |
| *NOMBRE (Name )* | *CONTACTO (Contac)* | *LOCALIZACION (GPS Location)* |
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| **EVACUACION DE EMERGENCIA** *(Emergency evacuation)* |
| *CENTRO DE REFERENCIA**(Reference center)* | *Nivel**(Level)* | *CONTACTO (Contac)* | *LOCALIZACION GPS (GPS Location)* |
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| *TRASLADO MEDICO**(Medical Transportation)* | *Clase**(Class)* | *CONTACTO (Contac)* | *LOCALIZACION GPS (GPS Location)* |
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| **ABASTECIMIENTO DE MEDICAMENTOS** *(Drug Supply points)* |
| *NOMBRE (Name )* | *CONTACTO (Contac)* | *LOCALIZACION (GPS Location)* |
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| **INFORMACION ADICIONAL** *(On site Information)* |

 Firma Jefe Médico\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Firma Líder USAR\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_