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| **NOMBRE DE LA MISION  (Mission objective)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ***CIUDAD DE ORIGEN*** | | | | | | | | | | |  | | | | | | | | | | ***SITIO DE DESTINO*** | | | | | | | |  | | | | | | | | | | | | | | |
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| **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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_