



Appendix TB test referral form

In order to obtain a residence permit, you (or the person you represent) must be prepared to undergo a tuberculosis (TB) test and - if necessary - treatment. If you submit the completed declaration of intent to undergo a TB test to the IND together with your application (and also meet all other conditions), the IND will grant you a residence permit as soon as possible.

You are granted this permit under the express condition that you will actually undergo a TB test within three months after having received your residence permit. Should it become clear after the issue of a residence permit that - despite signing the declaration of intent - you failed to undergo a TB test within the period of three months, this may result in a cancellation of the permit that was granted.

In order to undergo the TB test, you must make an appointment with the Municipal Health Service. For this appointment, you must complete the referral form as much as possible (part 1) and take it with you.

Please complete the referral form before you make an appointment with the Municipal Health Service. See also www.ggd.nl for information about the Municipal Health Service. The completed form signed by the Municipal Health Service, showing that you underwent a TB test, must have been received by the IND from the Municipal Health Service within three months after having received your residence permit.

The obligation to undergo the test does not apply if you are a national of one of the countries listed in the appendix 'Exemption from the obligation to undergo a tuberculosis (TB) test'. Nor does the obligation to undergo the test apply if you have an EC residence permit for long-term residents issued by another EU country or are his/her family member and were already admitted to another EU country as a family member of the long-term resident.



1 Details of foreign national to be tested (the applicant)

The State Secretary for Justice and Security asks the director of the Municipal Health Service to test the below-mentioned person for tuberculosis (in the respiratory organs), as referred to in the Aliens Act Implementation Guidelines.

Write in block letters

> The foreign national (the applicant) completes this section (part 1)

1.1	V-number (if known)	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>														
1.2	Name (as stated in the passport)	<i>Surname</i> <i>First names</i>														
1.3	Sex	☐ Male ☐ Female														
1.4	Date of birth	<table><tr><th>Day</th><th>Month</th><th>Year</th></tr><tr><td><table border="1"><tr><td></td><td></td></tr></table></td><td><table border="1"><tr><td></td><td></td></tr></table></td><td><table border="1"><tr><td></td><td></td><td></td><td></td></tr></table></td></tr></table>	Day	Month	Year	<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
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1.5	Place of birth															
1.6	Country of birth (as stated in the passport)															
1.7	Nationality															
1.8	Civil status	☐ unmarried (single or living together) ☐ married ☐ registered partnership ☐ divorced ☐ widow/widower														
1.9	Home address (in the Netherlands)	<i>Street</i> <i>Number</i> <i>Postcode</i> <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> <i>Town</i>														

1.10 Details passport

Number

Country

Valid from (date)

Day	Month	Year

To (date)

Day	Month	Year

1.11.1 Do you have a spouse or
(registered) partner?

- ☐ No
- ☐ Spouse
 > Please complete the requested details below
- ☐ (Registered) partner
 > Please complete the requested details below

1.11.2 Name
(as stated in the passport)

Surname

First names

1.11.3 Sex

- ☐ Male
- ☐ Female

1.12.4 Nationality

1.12.5 Home address

Street

Number

Postcode

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Town

2 Statement by physician from the Municipal Health Service

The undersigned, employed by the Municipal Health Service as a physician, states that he/she has, for the State Secretary for Justice and Security, tested the foreign national referred to in this form for tuberculosis (in the respiratory organs) under the below number.

> The physician from the Municipal Health Service completes this section (part 2)

2.1 Name of Municipal Health Service

2.2 Name of physician

2.3 Test number and date

Test number

Day	Month	Year

2.4 Place and date

Place

Day	Month	Year

2.5 Signature of physician

> The Municipal Health Service sends this completed and signed statement to the Immigration and Naturalisation Service. Use the address that applies to the situation of the foreign national.

2.6 Submit form

Did the foreign national submit an application for the residence purpose of work, scientific researcher, highly skilled migrant, work experience, seasonal labour or study?

Yes

Immigratie-en Naturalisatiedienst
Postbus 5
9560 AA Ter Apel

No

Immigratie-en Naturalisatiedienst
Postbus 17
9560 AA Ter Apel

Processing of personal data

The IND records your data in the IND systems to be able to carry out legal tasks. The IND uses and secures your personal data carefully and on the basis of the requirements of the privacy legislation. Read [how the IND handles your personal data](https://ind.nl/en/privacy) on ind.nl/en/privacy.