



Appendix Medical information disclosure consent form

For the foreign national: Do you have more than two physicians/practitioners?
In that case, you should copy this appendix and have the copied appendix completed as well.

The physician/practitioner must be registered in the registers under the Individual Healthcare Professions Act (Wet op de Beroepen in de Individuele Gezondheidszorg or BIG) or the Dutch Association of Psychologists (Nederlands Instituut van Psychologen or NIP).

If the foreign national is under 12 years of age or incapable of performing legal acts, the legal representative must complete the consent form. If the foreign national is between the age of 12 and 16, the foreign national and his/her legal representative must complete the consent form. If the foreign national is over 16 years of age, the foreign national must complete the consent form.

1 Details of foreign national

Write in block letters

1.1 V-number (if known)

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1.2 Name
(as stated in the passport)

Surname

First names

1.3 Date of birth

<i>Day</i>	<i>Month</i>	<i>Year</i>								
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2 Signing

Write in block letters

- The undersigned hereby declares that he/she does not object to the medical adviser from the Immigration and Naturalisation Service (IND) obtaining information about his/her health condition from the below physician(s)/practitioner(s) in connection with an investigation into the medical circumstances regarding his/her residence status in the Netherlands.
- The undersigned gives his/her consent to send a copy of this completed consent form to the physician(s)/practitioner(s) to be contacted.
- The undersigned gives his/her consent to the IND medical adviser to provide his/her medical data to any medical specialist to be engaged in any further examination.
- The undersigned authorises the below physician(s)/practitioner(s) registered in the registers under the Individual Healthcare Professions Act and/or the Dutch Association of Psychologists (physicians, dentists, physiotherapists, obstetricians, nurses, pharmacists, healthcare psychologists and psychotherapists) to provide information to the IND medical adviser and declares.

2.1 Name of foreign national

2.2 Place and date

Place

<i>Day</i>		<i>Month</i>		<i>Year</i>		

2.3 Name of legal representative

2.4 Place and date

Place

<i>Day</i>		<i>Month</i>		<i>Year</i>		

2.5 Signature of foreign national

2.6 Signature of legal representative

3 Details of the physician/practitioner

Write in block letters

3.1 Name of general practitioner/
COA physician/specialist 1

> Please tick the applicable situation

- ☐ General practitioner
- ☐ COA physician
- ☐ Specialist

position:

department:

3.2 Name of
hospital/practice/institution

3.3 Visiting address

Street

Number

Postcode

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Town

3.4 Telephone number

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3.5 Name of general practitioner/
COA physician/specialist 2

> Please tick the applicable situation

- ☐ General practitioner
- ☐ COA physician
- ☐ Specialist

position:

department:

3.6 Name of
hospital/practice/institution

Street

Postcode

The undersigned gives his/her consent to the IND medical advisor to provide the medical advice to:

- the IND official handling the application for a residence permit;
- the official from the Repatriation and Departure Service who is responsible for offering medical facilities before, during or after the removal.
- the involved legal experts from the State Advocate's office; and
- the statutory bodies entrusted with the administration of justice.

Place

Day Month Year

Place

Day Month Year

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.

