



Appendix Proof of medical situation of foreign national

For the foreign national:

Please have this appendix completed and signed by your physician/ practitioner. If you have more than one physician/ practitioner, you are asked to copy this appendix so that each physician can complete and sign a copy.

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).

For the physician/practitioner: Through this form, you are asked a few questions about the presence of any medical treatment of the foreign national you refer to below. The foreign national can use your answers to demonstrate that any medical facts or treatments exist which could be of importance to the assessment of his/her application for a residence permit in the Netherlands. When answering these questions, you are not asked to assess whether the conditions for a residence permit in the Netherlands are met. You only need to provide factual data in simple words that can be understood by non-physicians. The non-medically qualified officials from the Immigration and Naturalisation Service (IND) will not use your answers to form a medical opinion themselves, but do want to be informed of the fact that the foreign national receives active medical treatment from you. In case of any ongoing treatment, they may ask the independent physician from the IND's Medical Advisors Office (Bureau Medische Advisering or BMA) for advice. Following this, the BMA will contact you with the specific written consent of the foreign national.

1 Details of medical care provider

Write in block letters

1.1	Name																					
1.2	Telephone number	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
1.3	Professional title																					
1.4	BIG registration number	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
1.5	NIP registered?	☐ Yes ☐ No																				
1.6	Visiting address	Street Number Postcode <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Town																				



2 Details of foreign national

Write in block letters

2.1	Name (as stated in the passport)	<i>Surname</i> <i>First names</i> 																		
2.2	Sex	☐ Male ☐ Female																		
2.3	Date of birth	<table><tr><td><i>Day</i></td><td></td><td><i>Month</i></td><td></td><td><i>Year</i></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	<i>Day</i>		<i>Month</i>		<i>Year</i>													
<i>Day</i>		<i>Month</i>		<i>Year</i>																
2.4	Place of birth																			
2.5	Country of birth (as stated in the passport)																			
2.6	Nationality																			
2.7	Home address	<i>Street</i> <i>Number</i> <i>Postcode</i> <table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> <i>Town</i> 																		

3 Treatment details

Write in block letters

3.1	Does the foreign national have (one or more) medical symptoms?	☐ Yes ☐ No																		
3.2	Is the foreign national currently receiving active medical treatment for these medical symptoms?	☐ Yes ☐ No																		
3.3	What is the nature of these symptoms?	 																		
3.4	When did this medical treatment start?	<table><tr><td><i>Day</i></td><td></td><td><i>Month</i></td><td></td><td><i>Year</i></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	<i>Day</i>		<i>Month</i>		<i>Year</i>													
<i>Day</i>		<i>Month</i>		<i>Year</i>																

3.5 And when is the treatment expected to be finished?

Day		Month		Year		

4 Signing

The undersigned, medical care provider, hereby declares that the foreign national is currently receiving active medical treatment from him/her

4.1 Place and date

Place

Day		Month		Year		

4.2 Signature

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.

