



## 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](http://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.

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

1.1	V-number (if known)							
		Surname as stated in the passport						
1.2	Name							
		First names						
1.3	Sex and Date of birth	<p>&gt; Please tick the applicable situation</p> <input type="checkbox"/> Male <input type="checkbox"/> Female <table style="float: right; border-collapse: collapse;"> <tr> <td style="padding-right: 10px;">Day</td> <td style="padding-right: 10px;">Month</td> <td>Year</td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;"> </td> <td style="border-bottom: 1px solid black; text-align: center;"> </td> <td style="border-bottom: 1px solid black; text-align: center;"> </td> </tr> </table>	Day	Month	Year			
Day	Month	Year						
1.4	Place of birth							
1.5	Country of birth							
1.6	Nationality							

1.7 Home address (in the Netherlands)

Street \_\_\_\_\_ Number \_\_\_\_\_

Postcode \_\_\_\_\_ Town \_\_\_\_\_

> Please tick the applicable situation

1.8 Civil status  unmarried  married  registered partnership  divorced  widow/widower

1.9 Details passport

Number \_\_\_\_\_ Country \_\_\_\_\_

Valid from (date) \_\_\_\_\_ to (date) \_\_\_\_\_

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

No > Go to 2 'Signing'

Spouse > Please complete the requested details below

(Registered) partner > Please complete the requested details below

1.10.2 Name

Surname as stated in the passport \_\_\_\_\_

First names \_\_\_\_\_

> Please tick the applicable situation

1.10.3 Sex  Male  Female

1.10.4 Home address

Street \_\_\_\_\_ Number \_\_\_\_\_

Postcode \_\_\_\_\_ Town \_\_\_\_\_

1.10.5 Nationality \_\_\_\_\_

## 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, wealthy foreign national, 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 Immigration and Naturalisation Service (IND) processes personal data when it processes your application, notification, or request. This means that if needed the IND will request data from you yourself and other organisations or persons. The IND also uses and stores data and shares them with other organisations. When doing so, the IND strictly adheres to the stipulations of privacy legislation. For instance, the IND must treat data safely and with due care. The law also gives rights. At your request, you are allowed to see which data on you the IND processes. You can also get information on why the IND does so and to whom your data have been passed on. On [www.ind.nl](http://www.ind.nl) you can read how the IND processes your data and which rights you have. You can also read how to use your rights.