



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.

Appendix Medical information disclosure consent form

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

1.1	Name	Surname as stated in the passport			
		<input type="text"/>			
		First names			
		<input type="text"/>			
1.2	V-number (if known) and date of birth	V-number	Day	Month	Year
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2 Signing

- 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	<input type="text"/>			
2.2	Place and date	Place	Day	Month	Year
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.3	Name of legal representative	<input type="text"/>			
2.4	Place and date	Place	Day	Month	Year
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Signature of foreign national		Signature of legal representative	
2.5	Signature	<input type="text"/>			

