



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	<hr/>																				
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	<hr/>																				
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No																				
1.6	Visiting address	<p>Street</p> <hr/> <p>Number</p> <hr/> <p>Postcode</p> <hr/> <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> <p>Town</p> <hr/>																				



2 Details of foreign national

Write in block letters

2.1 Name
(as stated in the passport)

Surname

First names

2.2 Sex

- ☐ Male
☐ Female

2.3 Date of birth

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

2.4 Place of birth

2.5 Country of birth
(as stated in the passport)

2.6 Nationality

2.7 Home address

Street

Number

Postcode

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Town

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?

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

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 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 you can read how the IND processes your data and which rights you have. You can also read how to use your rights.

