Immigration and Naturalisation Service
Ministry of Security and Justice

Appendix
Declaration of intent to undergo a TB test

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. 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.

Enclose the completed and signed declaration of intent with your application before you make an appointment with the Municipal Health Service. In doing so, you declare that you are prepared to undergo a TB test and, if necessary, TB treatment. For the appointment with the Municipal Health Service, you must complete the referral form as much as possible (part 1) and take it with you.

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 EU 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)

1.1 Application for a permit for the purpose of work, wealthy foreign national, learning while working or study?
☐ Yes ☐ No

1.2 V-number (if known)

Surname as stated in the passport

1.3 Name

First names

> *Please tick the applicable situation*

1.4 Sex and Date of birth
☐ Male ☐ Female Day Month Year

1.5 Place of birth

1.6 Country of birth

1.7 Nationality

1.8 Home address
Street Number

Postcode Town

> *Please tick the applicable situation*

1.9 Civil status
☐ unmarried ☐ married ☐ registered partnership ☐ divorced ☐ widow/widower

1.10 Details passport

Number | Country

Valid from (date) | to (date)

1.11.1 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*

1.11.2 Name

Surname as stated in the passport

First names

> Please tick the applicable situation

1.11.3 Sex

☐ Male ☐ Female

1.11.4 Home address

Street | Number

Postcode | Town

1.11.5 Nationality

2 Signing

I hereby declare that I am prepared to cooperate in a tuberculosis test and any treatment. I am aware of the fact that I must undergo a TB test within three months after the residence permit has been issued. If I fail to do so, this might have consequences for my right of residence in the Netherlands.

2.1 Name of foreign national

2.2 Place and date

Place | Day Month Year

2.3 Signature of foreign national

2.4 Name in case of legal representative

2.5 Place and date

Place | Day Month Year

2.6 Signature of legal representative