



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. 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 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 the date on which the application for a residence permit has been submitted.

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 Security and Justice 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 | Application for a permit for the purpose of work, wealthy foreign national, learning while working or study? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 1.2 | How did you come to the Netherlands? | <input type="checkbox"/> With <input type="checkbox"/> Without a valid regular provisional residence permit |
| 1.3 | V-number (if known) | <input type="text"/> |
| 1.4 | Name | Surname as stated in the passport <input type="text"/> First names <input type="text"/> |
| 1.5 | Sex and Date of birth | > <i>Please tick the applicable situation</i> <input type="checkbox"/> Male <input type="checkbox"/> Female Day <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> |
| 1.6 | Place of birth | <input type="text"/> |
| 1.7 | Country of birth | <input type="text"/> |
| 1.8 | Nationality | <input type="text"/> |

1.9 Home address

Street _____ Number _____

Postcode _____ Town _____

> Please tick the applicable situation

1.10 Civil status unmarried married registered partnership divorced widow/widower

1.11 Details passport

Number _____ Country _____

Valid from (date) _____ to (date) _____

1.12.1 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

1.12.2 Name

Surname as stated in the passport _____

First names _____

> Please tick the applicable situation

1.12.3 Sex Male Female

1.12.4 Home address

Street _____ Number _____

Postcode _____ Town _____

1.12.5 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 Security and Justice, 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 245
7600 AE Almelo

No → **Immigratie-en Naturalisatiedienst**
Postbus 287
7600 AG Almelo