

## Questionnaire concerning a person who has applied for an entry visa into Sweden for medical treatment

A person who resides abroad has applied for an entry visa into Sweden for medical treatment. He or she has stated that the treatment will take place at your hospital.

In order for the Swedish Migration Agency to make a determination about the entry visa, we are requesting that a representative of the hospital (preferably the doctor giving the treatment) answer the questions below. We need a reply within seven days at the latest.

You can find this form and more information at [www.migrationsverket.se](http://www.migrationsverket.se). Please complete the form on your computer, as this makes it easier for us to process the case.

NOTE! The form should only be filled in by a person who has been asked to do so by the Swedish Migration Agency.

### 1. Personal information

#### 1.1 The applicant (the person applying for an entry visa)

Surname (family name)	First name
Previous surname	Case number
Citizenship	Date of birth (YYYYMMDD)
Current place of residence	Current country of residence
Email address	Telephone number

#### 1.2 Doctor in charge of the treatment, or equivalent member of staff at the hospital

Name (surname, first name)	Position
Hospital	Department
Email address	Telephone number

### 2. The medical treatment etc. to take place in Sweden

Why does the applicant need to be treated in Sweden? Is there a referral from a doctor in the applicant's country of origin, or similar?
What diagnosis does the applicant have?
What treatment and care are planned?

What opportunities are there for receiving equivalent treatment in the country where the applicant is a resident, or in nearby countries?	
How long is it estimated that the treatment and aftercare will take? Please state the time period from when applicant is travelling to Sweden until the time when it is thought that he or she will have the ability to return to the country where he or she is a resident. Please be as exact as possible regarding the time period.	
How much will the care cost, in total?	
Has money been deposited for the entire planned treatment, and for possible aftercare?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is it possible that the person will need to make a follow-up medical visit to Sweden? Elaborate your answer	<input type="checkbox"/> Yes <input type="checkbox"/> No

### 3. Additional information

Other information that may be significant for the Swedish Migration Agency's decision in this case.
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### 4. Person submitting the information

Place	Date
Signature	Name in block letters
Email address	Telephone number

**Please send the completed form to**

Migrationsverket  
601 70 Norrköping

Do not forget to sign the form before sending it to the Swedish Migration Agency.  
More information can be found at [www.migrationsverket.se](http://www.migrationsverket.se).