Migrationsverket

Received by the Swedish Migration Agency

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 will also find this form and more information on our website: www.migrationsverket.se. Please complete this form on a computer if possible. This makes it easier for us to process the application.

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

A. Personal information

The applicant (person applying for an entry visa)

Surname	Given name	Date of birth (year, month, day)	File number
Previous surname (if any)	Citizenship	Current place and country of residence	
Telephone number	E-mail address		

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

Name	Position
Hospital	Department
Telephone number	E-mail address

B. 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 is 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?
Is it possible that the person will need to make a follow-up medical visit to Sweden?

C. Additional information

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

Person submitting the information

Signature	Place and date
Name in block letters	Telephone number
E-mail address	

Please send the completed form to the Swedish Migration Agency, 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