

Questionnaire for visa because of medical treatment

Appendix to your application

Enclose this form to your application for Schengen visa if you would like to go to Sweden because of medical treatment. 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 your application.

1. Personal details

Surname	Given name(s) (in full)
Date of birth (year, month, day)	

2. Visit in Sweden

What examinations will be made?	
Is the corresponding form of treatment available in your country of origin/domicile?	
What contact have you had with the Swedish medical care service? State names of doctors, hospitals, ect. Do you have a medical certificate?	
How long do you expect to stay in Sweden for treatment?	Do you plan any return visit(s)?
What will the total cost of treatment be?	
How is payment to be made? Has the money been deposited?	

3. Signature

I promise that the information that I have provided is true and that I have not knowingly left out anything that could be important in an examination of this application. NOTE: The application is not valid without a signature.	
Date and place	Signature (for minors, signature of custodian/guardian)
<i>A person who provides incorrect information in the application, or knowingly omits information that is of importance, can be fined or sentenced to imprisonment. See Chapter 20, section 6, paragraph 2 of the Aliens Act (2005:716).</i>	