

## Questionnaire for visa applicants – Appendix C


### Visits for medical treatment

#### 1 Personal particulars


Surname	Date of birth (yr, mth, day)
Given names (in full)	

#### 2 What is the reason for your visit?

A. What examinations will be made?





B. Is the corresponding form of treatment available in your country of origin/domicile?




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C. What contact have you had with the Swedish medical care service? State names of doctors, hospitals, ect. Do you have a medical certificate?





D. How long do you expect to stay in Sweden for treatment?




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E. What will the total cost of treatment be?

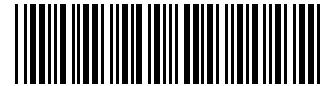


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F. Do you plan any return visit(s)?



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2 1 9 0 1 2



G. How is payment to be made? Has the money been deposited?

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**3 Signature**

I swear that the information I have given is correct and complete.

Place and date

Signature (for minors etc, signature of custodian/guardian)

***Regarding documents to be enclosed with the visa application, please consult the information brochure 'Applying for a Swedish Entry Visa'***



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1 **Personal particulars**

Surname	Date of birth (yr, mth, day)
Given names (in full)	

2 **What is the reason for your visit?**

A. What examinations will be made?

B. Is the corresponding form of treatment available in your country of origin/domicile?

C. What contact have you had with the Swedish medical care service? State names of doctors, hospitals, ect. Do you have a medical certificate?

D. How long do you expect to stay in Sweden for treatment?

E. What will the total cost of treatment be?

F. Do you plan any return visit(s)?

## Instructions on how to fill in this form

### *Så fyller du i den här blanketten*

Make sure you state your full name and date of birth. These particulars must correspond with the details in your passport.

*Här ska du fylla i alla dina personuppgifter. Uppgifterna ska stämma överens med uppgifterna i ditt pass.*

**A.** State here what medical treatment you are supposed to undergo in Sweden.

*A. Här fyller du i vilken medicinsk behandling du ska genomgå i Sverige*

**B.** Is it possible for you to receive similar treatment in your country of origin or domicile? If so, state this here.

*B. Finns det möjlighet för dig att få motsvarande behandling i ditt hemland eller bosättningsland? Då skriver du det här.*

**C.** What contacts have you had with Swedish medical care? State the name of the doctor and the hospital. Also, state whether you have a medical certificate (in which case it should be enclosed).

*C. Vilka kontakter har du haft med svensk sjukvård? Skriv namnet på läkare och sjukhus. Skriv också om du har något läkarintyg (som i så fall ska bifogas ansökan)*

**D.** State how long you expect the treatment and aftercare to take.

*D. Skriv hur lång tid du räknar med att behandlingen kommer att ta*

**E.** State how much the treatment will cost .

*E. Här skriver du hur mycket behandlingen kommer att kosta*

**F.** If return visits for medical purposes may be required, state this here.

*F. Kan det bli aktuellt med några återbesök ska du skriva det här*



2 1 9 0 1 2



G. How is payment to be made? Has the money been deposited?



### 3 Signature

I swear that the information I have given is correct and complete.

Place and date	Signature (for minors etc, signature of custodian/guardian)
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Regarding the documents to be enclosed with the visa application, please consult the fact sheet "Facts about entry visas" or the web site [www.migrationsverket.se](http://www.migrationsverket.se)

G. Describe how the treatment is to be paid for and whether the money has been deposited.

*G. Hur behandlingen ska betalas och om pengarna är deponerade skriver du här*

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### Don't forget to sign!

#### Remember to enclose

- A copy of your passport
- Two passport photos that are no more than six months old and that are taken full-face (taken when you are facing the camera directly with your eyes looking straight at the camera).
- A certificate from the doctor or hospital responsible in Sweden showing that a place/bed has been reserved for you.
- A certificate showing that money for your treatment has been properly deposited.

### Glöm inte att skriva under ansökan!

#### OBS! Kom ihåg att bifoga

- Kopia av ditt pass
- Två fotografier i passformat som är tagna rakt framifrån och inte är äldre än sex månader.
- Ett intyg från den ansvarige läkare eller sjukhuset i Sverige som visar att det finns en vårdplats för dig.
- Ett intyg som visar att pengar för din behandling finns deponerade.