

The Tuberculosis Declaration attachment specified in the Application Form has been eliminated. It has been replaced by the present Tuberculosis Examination Referral Form and the Declaration of Intent for a Tuberculosis Examination.

In order to obtain a residence permit, you (or the person whom you represent) must be prepared to undergo a tuberculosis examination and, if necessary, treatment for tuberculosis. If you complete the Declaration of Intent for a Tuberculosis Examination and submit it to the Immigration and Naturalisation Service (IND) together with your application (and if you also meet all other conditions), the IND will grant you a residence permit as soon as possible. You will be granted this permit on the specific condition that you actually undergo a tuberculosis examination within three months. Failure on your part - despite your signing of this Declaration of Intent - to undergo a tuberculosis examination within the three-month period following the issuance of a residence permit may result in cancellation of the granted permit.

You must schedule an appointment with the Municipal Health Service (GGD) to undergo the tuberculosis examination. You must bring the Referral Form, completed as much as possible (Section A), to your appointment. Please complete the Referral Form before you make an appointment with the GGD. For information about the GGD, you can also visit the website: www.ggd.nl. The completed form, signed by the GGD to demonstrate that you have undergone a tuberculosis examination, must be received by the IND from the GGD within three months after the date on which the application for a residence permit was filed.

The examination requirement does not apply to citizens of the following countries: EU or EEA Member States, Australia, Canada, Israel, Japan, Monaco, New Zealand, Surinam, the United States of America, and Switzerland (including Liechtenstein). Also the examination requirement does not apply if you hold a valid residence permit for an EEA Member State, an EU Member State or Switzerland, or if you hold an EG residence permit for long-term residents issued by another EU Member State or if you are a family member of a long-term resident and you have already been admitted to another EU Member State as a family member of such long-term resident.

> *The foreign national (the applicant) completes this section below (section A)*

V-number Application for residence permit for the purpose of work, traineeship, work experience or study? Yes No

Did you enter the Netherlands with without a valid provisional residence permit (mvv)? (tick as applicable)

The Minister of Justice hereby requests the Director of the Municipal Health Service (GGD) to examine the person identified below for tuberculosis (of the respiratory organs) pursuant to the Aliens Act Implementation Guidelines.

Personal details of foreign national to be examined (the applicant)

Surname as stated in passport or identity card

First names Male Female

Street Number

Postcode City/Town

Marital status

Date of birth Place of birth

Country of origin Nationality

Type and number of passport or identity card

I am the spouse registered partner of (tick as applicable)

Surname as stated in passport or identity card

First names Male Female

Street Number

Postcode City/Town

Nationality

> *The foreign national (the applicant) brings this form to the appointment with the Municipal Health Service (GGD).*

The Tuberculosis Declaration attachment specified in the Application Form has been eliminated. It has been replaced by the present Declaration of Intent for a Tuberculosis Examination and the Tuberculosis Examination Referral Form.

In order to obtain a residence permit, you (or the person whom you represent) must be prepared to undergo a tuberculosis examination and, if necessary, treatment for tuberculosis. If you submit this Declaration of Intent for a Tuberculosis Examination to the Immigration and Naturalisation Service (IND) together with your application (and if you also meet all other conditions), the IND will grant you a residence permit as soon as possible. You will be granted this permit on the specific condition that you actually undergo a tuberculosis examination within three months. Failure on your part - despite your signing of this Declaration of Intent - to undergo a tuberculosis examination within the three-month period following the issuance of a residence permit may result in cancellation of the granted permit. Submit the completed and signed Declaration of Intent together with your application before you make an appointment with the Municipal Health Service (GGD). By signing this declaration, you declare that you are prepared to undergo a tuberculosis examination and, if necessary, treatment for tuberculosis. You must bring the Tuberculosis Examination Referral Form, completed as much as possible (Section A), to the appointment with the GGD.

The examination requirement does not apply to citizens of the following countries: EU or EEA Member States, Australia, Canada, Israel, Japan, Monaco, New Zealand, Surinam, the United States of America, and Switzerland (including Liechtenstein). Also the examination requirement does not apply if you hold a valid residence permit for an EEA Member State, an EU Member State or Switzerland, or if you hold an EG residence permit for long-term residents issued by another EU Member State or if you are a family member of a long-term resident and you have already been admitted to another EU Member State as a family member of such long-term resident.

V-number Application for residence permit for the purpose of work, traineeship, work experience or study? Yes No

Personal details of foreign national to be examined (the applicant)

Surname as stated in passport or identity card _____

First names _____ Male Female

Street _____ Number

Postcode City/Town _____

Marital status _____

Date of birth Place of birth _____

Country of origin _____ Nationality _____

Type and number of passport or identity card _____

I am the spouse registered partner of (tick as applicable) _____

Surname as stated in passport or identity card _____

First names _____ Male Female

Street _____ Number

Postcode City/Town _____

Nationality _____

I hereby declare that I am prepared to cooperate in the tuberculosis examination and, if necessary, to undergo treatment for tuberculosis. I am aware of my obligation to undergo a tuberculosis examination within three months after the date on which the application for a residence permit was filed. Failure on my part to comply with this requirement will have consequences for my right to stay in the Netherlands.

Signature of foreign national	Signature of legal representative if applicable
Name _____	Name _____
City/Town and date _____	City/Town and date _____
Signature _____	Signature _____