



Appendix Declaration of intent to undergo a TB test

In order to obtain a residence permit, you (or the person you represent) must be prepared to undergo a tuberculosis (TB) test and - if necessary - treatment. If you submit the completed declaration of intent to undergo a TB test to the IND together with your application (and also meet all other conditions), the IND will grant you a residence permit as soon as possible.

You are granted this permit under the express condition that you will actually undergo a TB test within three months. Should it become clear after the issue of a residence permit that - despite signing the declaration of intent - you failed to undergo a TB test within the period of three months, this may result in a cancellation of the permit that was granted.

Enclose the completed and signed declaration of intent with your application before you make an appointment with the Municipal Health Service. In doing so, you declare that you are prepared to undergo a TB test and, if necessary, TB treatment. For the appointment with the Municipal Health Service, you must complete the referral form as much as possible (part 1) and take it with you.

The obligation to undergo the test does not apply if you are a national of one of the following countries: one of the Member States of the EU or the EEA, Australia, Canada, Israel, Japan, Monaco, New Zealand, Suriname, United States of America and Switzerland (including Liechtenstein). Nor does the obligation to undergo the test apply if you have an EU residence permit for long-term residents issued by another EU country or are his/her family member and were already admitted to another EU country as a family member of the long-term resident.

1 Details of foreign national to be tested (the applicant)

1.1 Application for a permit for the purpose of work, wealthy foreign national, Yes No
learning while working or study?

1.2 V-number (if known)

1.3 Name Surname as stated in the border-crossing document

First names

1.4 Sex and Date of birth > *Please tick the applicable situation* Day Month Year
 Male Female

1.5 Place of birth

1.6 Country of birth

1.7 Nationality

1.8 Home address Street Number

Postcode Town

1.9 Civil status > *Please tick the applicable situation*
 unmarried married registered partnership divorced widow/widower

1.10 Details border-crossing document Number Country

Geldig van (datum) Geldig tot (datum)

1.11.1 Do you have a spouse or (registered) partner?

No > Go to 2 'Signing'

Spouse > Please complete the requested details below

(Registered) partner > Please complete the requested details below

1.11.2 Name Surname as stated in the border-crossing document

First names

1.11.3 Sex > *Please tick the applicable situation*

Male Female

1.11.4 Home address Street Number

Postcode Town

1.11.5 Nationality

2 Signing

I hereby declare that I am prepared to cooperate in a tuberculosis test and any treatment. I am aware of the fact that I must undergo a TB test within three months after the application for a residence permit has been submitted. If I fail to do so, this will have consequences for my right of residence in the Netherlands.

2.1 Name of foreign national

2.2 Place and date

Place

Day Month Year

2.3 Signature of foreign national

2.4 Name in case of legal representative

2.5 Place and date

Place

Day Month Year

2.6 Signature of legal representative