



VRIJE  
UNIVERSITEIT  
AMSTERDAM

International  
Office

## **Tuberculosis (TB) test**

The Tuberculosis (TB) test is part of the visa and residence permit procedure for certain nationalities. It depends on your nationality whether you have to take the test or not. Please have a look at Appendix A to see whether you are exempted from the TB test.

- A. If you have to take the test based on your nationality, then please be so kind as to complete and submit the TB Statement. Please note that you will take undergo the test upon arrival in the Netherlands. For this reason you have to submit this form as you declare that you will take the test by completing the TB statement. Please do not submit any doctor statements from your home country as the TB statement is sufficient.
  
- B. If you are exempted from the TB test, then please be so kind as to complete and submit Appendix B.



## 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 countries listed in the appendix 'Exemption from the obligation to undergo a tuberculosis (TB) test'. 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, learning while working or study?  Yes  No

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1.2 V-number (if known)

Surname as stated in the passport

1.3 Name

First names

> Please tick the applicable situation

1.4 Sex and Date of birth  Male  Female  Day  Month  Year

1.5 Place of birth

1.6 Country of birth

1.7 Nationality

1.8 Home address

Street  Number

Postcode  Town

> Please tick the applicable situation

1.9 Civil status  unmarried  married  registered partnership  divorced  widow/widower

1.1.10	Details passport	<table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">Number</td> <td style="width: 40%;">Country</td> </tr> <tr> <td colspan="2"> _____</td> </tr> <tr> <td>Valid from (date)</td> <td>to (date)</td> </tr> <tr> <td colspan="2"> _____</td> </tr> </table>	Number	Country	_____		Valid from (date)	to (date)	_____	
Number	Country									
_____										
Valid from (date)	to (date)									
_____										
1.1.1.1	Do you have a spouse or (registered) partner?	<input type="checkbox"/> No > Go to 2 'Signing' <input type="checkbox"/> Spouse > Please complete the requested details below <input type="checkbox"/> (Registered) partner > Please complete the requested details below								
1.1.1.2	Name	Surname as stated in the passport  _____								
1.1.1.3	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female > Please tick the applicable situation								
1.1.1.4	Home address	<table border="0" style="width: 100%;"> <tr> <td style="width: 80%;">Street</td> <td style="width: 20%;">Number</td> </tr> <tr> <td colspan="2"> _____</td> </tr> <tr> <td>Postcode</td> <td>Town</td> </tr> <tr> <td> _ _ _ _ _ _ _ </td> <td> _____</td> </tr> </table>	Street	Number	_____		Postcode	Town	_ _ _ _ _ _ _	_____
Street	Number									
_____										
Postcode	Town									
_ _ _ _ _ _ _	_____									
1.1.1.5	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 residence permit has been issued. If I fail to do so, this might have consequences for my right of residence in the Netherlands.

2.1	Name of foreign national	_____								
2.2	Place and date	<table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">Place</td> <td style="width: 10%;">Day</td> <td style="width: 10%;">Month</td> <td style="width: 20%;">Year</td> </tr> <tr> <td colspan="4"> _____</td> </tr> </table>	Place	Day	Month	Year	_____			
Place	Day	Month	Year							
_____										
2.3	Signature of foreign national	_____								
2.4	Name in case of legal representative	_____								
2.5	Place and date	<table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">Place</td> <td style="width: 10%;">Day</td> <td style="width: 10%;">Month</td> <td style="width: 20%;">Year</td> </tr> <tr> <td colspan="4"> _____</td> </tr> </table>	Place	Day	Month	Year	_____			
Place	Day	Month	Year							
_____										
2.6	Signature of legal representative	_____								

# Tuberculosis (TB) test Appendix A

Below you will find the official list from the IND with countries exempted from the TB test.



Immigration and Naturalisation  
Service  
*Ministry of Security and Justice*

Do not enclose this appendix with the form!

## Appendix Exemption from the obligation to undergo a tuberculosis (TB) test

If you have the nationality of one of the countries on this list,  
you do not have to undergo a tuberculosis (TB) test.

Albania	Latvia	United Kingdom
Andorra	Lebanon	United States of America
Antigua and Barbuda	Libya	Uruguay
Argentina	Liechtenstein	Venezuela
Australia	Lithuania	
Austria	Luxembourg	
Bahamas	Macedonia	
Bahrain	Maldives	
Barbados	Malta	
Belgium	Mauritius	
Belize	Mexico	
Bosnia and Herzegovina	Monaco	
Brazil	Montenegro	
Bulgaria	Netherlands	
Canada	New Zealand	
Chile	Nicaragua	
Colombia	Niue	
Comoros	Norway	
Costa Rica	Oman	
Croatia	Panama	
Cuba	Paraguay	
Cyprus	Poland	
Czech Republic	Portugal	
Denmark	Qatar	
Dominica	Romania	
Egypt	Samoa	
El Salvador	San Marino	
Estonia	Saudi Arabia	
Fiji	Serbia	
Finland	Seychelles	
France	Singapore	
Germany	Slovakia	
Greece	Slovenia	
Grenada	Spain	
Hungary	St Kitts & Nevis	
Iceland	St Lucia	
Iran	St Vincent and the Grenadines	
Iraq	Suriname	
Ireland	Sweden	
Israel	Switzerland	
Italy	Syria	
Jamaica	Tonga	
Japan	Trinidad and Tobago	
Jemen	Tunisia	
Jordan	Turkey	
Kuwait	United Arab Emirates	



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## Tuberculosis (TB) test Appendix B

Please complete this form when you are exempted from the TB test. Please tick the box applicable to your situation.

I hereby declare that I do not need to undergo a TB test as I am a citizen of one of the countries listed in Appendix A.

I hereby declare that I do not need to undergo a TB test as I hold a valid residence permit as a long-term resident for another EU/EEA country or Switzerland.

**Date :** \_\_\_\_\_

**Place:** \_\_\_\_\_

**Signature:** \_\_\_\_\_