



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. We do not accept doctor statements or anything equivalent.

- 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 after having received your residence permit. 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.2	V-number (if known)	<input type="text"/>
1.3	Name	<input type="text"/> Surname as stated in the passport <input type="text"/> First names <input type="text"/>
1.4	Sex and Date of birth	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="text"/> Day <input type="text"/> Month <input type="text"/> Year
1.5	Place of birth	<input type="text"/>
1.6	Country of birth	<input type="text"/>
1.7	Nationality	<input type="text"/>
1.8	Home address	<input type="text"/> Street <input type="text"/> Number <input type="text"/> <input type="text"/> Postcode <input type="text"/> Town <input type="text"/>
1.9	Civil status	<input type="checkbox"/> unmarried <input type="checkbox"/> married <input type="checkbox"/> registered partnership <input type="checkbox"/> divorced <input type="checkbox"/> widow/widower Number <input type="text"/> Country <input type="text"/>
1.10	Details passport	<input type="text"/> Valid from (date) <input type="text"/> to (date) <input type="text"/>

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 passport
 |
 First names
 |
 > Please tick the applicable situation

1.11.3 Sex 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 residence permit has been received. 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 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
 |

Processing of personal data

The Immigration and Naturalisation Service (IND) processes personal data when it processes your application, notification, or request. This means that if needed the IND will request data from you yourself and other organisations or persons. The IND also uses and stores data and shares them with other organisations. When doing so, the IND strictly adheres to the stipulations of privacy legislation. For instance, the IND must treat data safely and with due care. The law also gives rights. At your request, you are allowed to see which data on you the IND processes. You can also get information on why the IND does so and to whom your data have been passed on. On www.ind.nl you can read how the IND processes your data and which rights you have. You can also read how to use your rights.

Appendix A

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

Albania	Greece	San Marino
Algeria	Grenada Guatemala	Saudi Arabia
Andorra	Guyana Honduras	Serbia
Antigua and Barbuda	Hong Kong (SAR)	Seychelles
Argentina	Hungary Iceland	Singapore
Armenia	Iran	Slovakia
Australia	Iraq	Slovenia
Austria	Ireland	Solomon Islands
Azerbaijan	Israel	South-Korea
Bahamas	Italy	Spain
Bahrain	Jamaica	Sri Lanka
Barbados	Japan	St Kitts & Nevis
Belgium	Yemen	St Lucia
Belize	Jordan Kazakhstan	St Vincent and the Grenadines Suriname
Benin	Kosovo	Sweden
Bosnia and Herzegovina	Kuwait	Switzerland
Brazil	Latvia	Syria
Brunei	Lebanon	Tadjikistan
Bulgaria	Libya Liechtenstein	Taiwan
Burkina Faso	Lithuania Luxembourg	Togo
Canada	Macau (SAR) Malaysia	Tonga
Chile	Maldives	Trinidad and Tobago
China	Mali	Tunisia
Colombia	Malta	Turkey
Comoros	Mauritius Mexico	Turkmenistan
Costa Rica	Monaco Montenegro	United Arab Emirates
Croatia	Netherlands New	United Kingdom
Cuba	Hebrides New Zealand	United States of America
Cyprus	Nicaragua	Uruguay
Czech Republic Denmark	Niger	Uzbekistan
Dominica	Niue	Vanuatu
Dominican Republic	North-Macedonia Norway	Venezuela
Ecuador	Oman	
Egypt	Panama	
El Salvador	Paraguay	
Estonia	Poland	
Fiji	Portugal	
Finland	Qatar	
France	Romania	
Galapagos Islands	Russia	
Georgia	Rwanda	
Germany	Samoa	



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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 I hold a valid residence permit as a partner of a holder of a long-term residence permit for another EU/EEA country.

Date : _____

Place: _____

Signature: _____