

Sweden- Checklist for Medical visa

Date: _____

Medical visa checklist	Check Box	Remarks
Visa application form filled out and signed		
One Recent coloured picture with white background, not older than 6 months		
Original Passport valid up to 3 months after the expiry of the visa		
Original Previous passport covering the last 7 years Or a certificate of movements issued by the Mugamma for the first time travellers to the Schengen Area. Or in case of passport loss		
Photocopies of the biometric page of the passports and the schengen visas for the last 3 years		
Original Family Registry Certificate from Country of Origin		
Medical certificate from a medical doctor and/or a medical institution in country of origin, It should state the medical history of the patient and the kind of treatment		
Medical certificate from medical institution in Sweden confirming it can perform the medical treatment and acceptance of patient and cost of the treatment		
Any other correspondence between the sending doctor and the receiving medical institution as a proof of financial, if available		
Certificate of employment for employed Commercial registry & tax card for company owner Enrolment certificate from school/university for student Pension statement for retired applicant		
Documents to be provided for minors: Copy & Translation of child's Birth Certificate (Original birth certificate has to be presented when applying) Parents consent (if not applying together), to be signed by parents when applying Copies of Parents' Valid IDs or Passports (Original IDs have to be presented when applying)		
Original Up-to-date personal bank account statement for the last 6 months (Stamped & in English)		
Primary Reservation of hotel in Sweden		
A round trip ticket reservation, primary reservation is mandatory		From: _____ to _____
Travel medical insurance covering the entire period of the intended stay, valid for all Schengen states and covering any expenses which might arise in connection with repatriation for medical reasons, urgent medical attention ,emergency hospital treatment or death during the stay. The minimum coverage must be 30.000 EUR		

Remarks:

App is informed of missing documents.

Declaration:

I undertake that the submitted documents are under my own responsibility & I am aware that the Embassy may take its decision on the set of documents enclosed.

أقر ان المستندات المقدمة لطلب الفيزا تحت مسؤوليتي الشخصية و اننى على علم ان السفارة سوف تتخذ قرارها بناء على تلك المستندات.

Please Note:

- * All documentation must be submitted in English language.
- * Original documents must be presented; additional photocopies may be required.
- * The visa fee is non-refundable.

Applicant signature: _____

Embassy Officer Signature: _____