



Declaration of Intent to Undergo a Tuberculosis (TB) test

MBES22_EN | June 2020

In order to obtain a residence permit you (or the person that you represent) must be prepared to undergo a test and - if necessary - treatment for tuberculosis (TB). If you submit the completed declaration of intent to undergo a TB test together with your application to the IND Caribbean Netherlands Unit (and you meet all the other conditions as well) the IND Caribbean Netherlands Unit will grant you a residence permit as soon as possible. You will receive this permit subject to the explicit condition that you actually undergo a TB test within three months. If after the issuance of a residence permit turns out that - despite signing the declaration of intent - you have not undergone a TB test within a period of three months, this may result in withdrawal of the permit granted.

In order to undergo a TB test you must make an appointment with a physician. You must take the referral form to this appointment, filled in as completely as possible. Fill in the referral form before you make the appointment with the physician. The IND Caribbean Netherlands Unit must have received the completed form signed by the physician, showing that you have undergone a TB test, from the physician within three months after the date on which the application for a residence permit was submitted. The obligation to undergo the test does not apply if you hold the nationality of one of the following countries: one of the member states of the EU or the EEA, Australia, Canada, Israel, Japan, Monaco, New Zealand, Surinam, United States of America and Switzerland (incl. Liechtenstein).

CRV-number: _____

Have you applied for a residence permit for labour, traineeship, study, pensioner, person of independent means, investor? Yes No

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

(in accordance to valid passport)

Surname	_____	Given names	_____
Date of birth	_____	Place of birth	_____
Country of birth	_____	Nationality	_____
Gender	<input type="checkbox"/> male <input type="checkbox"/> female		
Street	_____	House number	_____
Place	_____	<input type="checkbox"/> Bonaire <input type="checkbox"/> Sint Eustatius <input type="checkbox"/> Saba	
Marital status	<input type="checkbox"/> unmarried <input type="checkbox"/> married <input type="checkbox"/> registered partner		

Personal data of spouse/partner applicant (if applicable)

(in accordance to valid passport)

Surname _____ Given names _____
Date of birth _____ Place of birth _____
Country of birth _____ Nationality _____
Gender male female
Street _____ House number _____
Place _____ Bonaire Sint Eustatius Saba

I herewith declare to be prepared to cooperate in the examination for and the treatment of TB, if necessary. I am aware of the fact that I must undergo a TB test at the latest within three months after submitting the application for a residence permit. If I fail to do so this will have consequences for my right of residence in the public bodies.

Signature foreign national (applicant)

Name Signature

Place Date

Signature legal representative (if applicable)

Name Signature

Place Date