

## **CHECKLIST: VISIT FOR MEDICAL TREATMENT**

GENERAL REQUIREMENTS FOR OBTAINING A VISA TO TRAVEL TO THE SCHENGEN AREA	Submitted	Not submitted
Application for Schengen Visa – Application form (completed and signed)(*)		
Original passport(*) valid for travel to the Member States to visit. The passport validity must exceed the planned stay in the Schengen Area by at least three months. The passport must have been issued within the last ten years.		
Copy of biodata page of passport.		
One color photo(*) not more than six months old, passport size (45 mm x 35 mm), full face and taken against a light background.		
Individual medical travel insurance that covers all costs that could arise as a result of emergency medical assistance, emergency hospitalization or medical repatriation. The insurance should cover costs of at least EUR 30,000 and be valid for the duration of the stay in all the Schengen countries.		
Payment or proof of payment of the visa fee(*) (where applicable).		
LIST OF THE SUPPORTING DOCUMENTS TO BE SUBMITTED BY APPLICANTS FOR SHORT STAY VISAS		
Proof of sufficient means of subsistence for the intended journey:		
Certified bank statement (covering the last three months) including bank account movements and final balance. This does not apply to pupils.  (a) Employees: employment contract or certificate of employment, and slips of the last three months.		
(b) Company owners: copy of company registration certificate, bank statement(s) for the company incuding bank account movements covering the last 3 months and balance sheet from the previous financial year.		

(c)	Students: purpose of study, proof of financial solvency of					
	parents or proof of sufficient funds for entire stay.					
(d)	Retired persons: pension payment for the last three months.					
Proof o	Proof of return travel arrangements.					
Proof of accomodation or proof of sufficient financial means to cover accomodation expenses.						
ADDITI	ONAL REQUIREMENTS FOR MINORS (UNDER 18 YEARS)					
(a)	Copy of birth certificate.					
(b)	Copy of both parents' ID-cards/passports.					
(c)	Certified bank statement (covering the last three months) of					
	parent(s)/guardians(s)/sponsors.					
(d)	Written consent letter from both parents certified by notary if					
	the child is travelling alone, or from the parent that is not					
	accompanying the child when travelling. The letter should include the parent(s)' telephone and e-mail contacts.					
(e)	If either one of the parents is absent or deceased, this must be					
	evidenced by the information on the birth certificate or a death					
	certificate or a Court Order for the custody.					
(f)	If the legal guardian is someone other than the biological					
	parent as stated in the birth certificate, a custody order must					
	be submitted proving the legal guardianship.					
(g)	A letter from the school containing the child's name, name of					
	parent's, grade, number of years at school, dates of school					
	holidays, contact details, date and name of school representative.					
	representative.					
(h)	If the child is travelling with a group: a complete list of names					
	of all group members travelling and name of person in charge					
	of the group.					
		l				

(a)	Official document from the receiving medical institution	
	containing the following information:	
	i. Confirming contact with the local medical institution;	
	ii. Nature of the treatment;	
	iii. Estimated time for recovery;	
	iv. The need for return visits;	
	v. The cost of treatment;	
	vi. The mention that the patient is accepted;	
	vii. The indication that the treatment can be performed;	
	viii. The indication that the medical institution or doctor	
	agrees with the intended method of payment.	
(b)	Proof of sufficient financial means to pay for the medical	
` '	treatment and related expenses for the stay (including	
	accommodation, if relevant) or proof of prepayment for the	
	treatment; or	
	ti cutiliciti, oi	
	areament, or	
(c)		
(c)	Formal commitment letter signed by the party covering the expenses of the treatment.	
(c)	Formal commitment letter signed by the party covering the	
	Formal commitment letter signed by the party covering the	
	Formal commitment letter signed by the party covering the expenses of the treatment.	
(d)	Formal commitment letter signed by the party covering the expenses of the treatment.  Certificate from a medical institution confirming the need for	
(d)	Formal commitment letter signed by the party covering the expenses of the treatment.  Certificate from a medical institution confirming the need for the person to be accompanied, if relevant.	
(d)	Formal commitment letter signed by the party covering the expenses of the treatment.  Certificate from a medical institution confirming the need for the person to be accompanied, if relevant.  If an employed person, signed letter from the current	
(d)	Formal commitment letter signed by the party covering the expenses of the treatment.  Certificate from a medical institution confirming the need for the person to be accompanied, if relevant.  If an employed person, signed letter from the current employer or organisation containing the following information:	
(d)	Formal commitment letter signed by the party covering the expenses of the treatment.  Certificate from a medical institution confirming the need for the person to be accompanied, if relevant.  If an employed person, signed letter from the current employer or organisation containing the following information:  i. personal data	
(d)	Formal commitment letter signed by the party covering the expenses of the treatment.  Certificate from a medical institution confirming the need for the person to be accompanied, if relevant.  If an employed person, signed letter from the current employer or organisation containing the following information:  i. personal data ii. function/profession	
(d)	Formal commitment letter signed by the party covering the expenses of the treatment.  Certificate from a medical institution confirming the need for the person to be accompanied, if relevant.  If an employed person, signed letter from the current employer or organisation containing the following information:  i. personal data ii. function/profession	
(d)	Formal commitment letter signed by the party covering the expenses of the treatment.  Certificate from a medical institution confirming the need for the person to be accompanied, if relevant.  If an employed person, signed letter from the current employer or organisation containing the following information:  i. personal data ii. function/profession iii. terms of employment (temporary or permanent, begin and end dates of the contract);	
(d)	Formal commitment letter signed by the party covering the expenses of the treatment.  Certificate from a medical institution confirming the need for the person to be accompanied, if relevant.  If an employed person, signed letter from the current employer or organisation containing the following information:  i. personal data ii. function/profession iii. terms of employment (temporary or permanent, begin and end dates of the contract); iv. number of years with employer/organisation;	
(d)	Formal commitment letter signed by the party covering the expenses of the treatment.  Certificate from a medical institution confirming the need for the person to be accompanied, if relevant.  If an employed person, signed letter from the current employer or organisation containing the following information:  i. personal data ii. function/profession iii. terms of employment (temporary or permanent, begin and end dates of the contract);	
(d)	Formal commitment letter signed by the party covering the expenses of the treatment.  Certificate from a medical institution confirming the need for the person to be accompanied, if relevant.  If an employed person, signed letter from the current employer or organisation containing the following information:  i. personal data ii. function/profession iii. terms of employment (temporary or permanent, begin and end dates of the contract); iv. number of years with employer/organisation; v. granted leave days  If a self-employed person, copy business registration	
(d)	Formal commitment letter signed by the party covering the expenses of the treatment.  Certificate from a medical institution confirming the need for the person to be accompanied, if relevant.  If an employed person, signed letter from the current employer or organisation containing the following information:  i. personal data ii. function/profession iii. terms of employment (temporary or permanent, begin and end dates of the contract); iv. number of years with employer/organisation; v. granted leave days	



I am informed about the 15 days processing time, starting from the date the Embassy receives my application. In some cases, applications are sent to the Directorate of Immigration (UDI), and the processing time in these cases may be up to 45 calender days.

I confirm that I understand that any missing document may lead to an extended processing time of the application or a refusal. The VFS officer receiving my application has pointed out to me the documents that should have been submitted (if any).

Place/Date:	Applicant's signature:
VFS officer's signature:	

(\*) If your application lacks any of the above documents marked (\*) it is considered inadmissible and your documents, including the application fee, will be returned to you without delay. (Visa Code art. 19:3).

## Important notice:

The mere submission of the listed documents does not guarantee the issuance of a visa. Individual assessments are made in every case.