

Questionnaire for visa applicants – Appendix C

Visits for medical treatment



1 Personal particulars

Surname	Date of birth (yr, mth, day)
Given names (in full)	

2 What is the reason for your visit?

A. What examinations will be made?



B. Is the corresponding form of treatment available in your country of origin/domicile?



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C. What contact have you had with the Swedish medical care service? State names of doctors, hospitals, ect. Do you have a medical certificate?



D. How long do you expect to stay in Sweden for treatment?



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E. What will the total cost of treatment be?

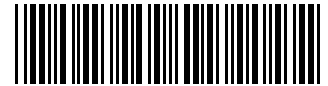


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F. Do you plan any return visit(s)?



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G. How is payment to be made? Has the money been deposited?

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3 Signature



I swear that the information I have given is correct and complete.

Place and date

Signature (for minors etc, signature of custodian/guardian)

Regarding documents to be enclosed with the visa application, please consult the information brochure 'Applying for a Swedish Entry Visa'