



COVID-19 restriction: SCHENGEN VISA - Medical for Qatari nationals

I. DOCUMENTS TO BE SUBMITTED

		<u>Submitted</u>
1.	Application form – available online, free of charge <ul style="list-style-type: none">Fully completed in English or German and personally signed and dated by applicant	
2.	For minors below the age of 18 <ul style="list-style-type: none">A form “letter of consent” signed by the parents/legal guardian must be attachedPassport copies of parents/ legal guardianBirth certificate with an English translation	
3.	General instruction form <ul style="list-style-type: none">Personally signed and dated by the applicant	
4.	Passport <ul style="list-style-type: none">Validity of a minimum of three months from requested date of leavingSigned by passport holderPassport not older than 10 years (issued in the last 10 years)A minimum of two blank pages to be used for visasPrevious passport if applicable	
5.	One recent biometric passport sized photograph (3.5x4,5 cm) <ul style="list-style-type: none">Must not be older than 6 monthsDo not glue or staple the photos to the application form	
6.	Photocopies <ul style="list-style-type: none">1 copy of passport pages with personal dataCopies of previous Schengen visa	
7.	Overseas medical insurance Requirements: <ul style="list-style-type: none">Only insurance companies authorized by the German Embassy Doha are acceptedValid for entire duration of period of first stay and valid for all Schengen statesMinimum coverage 30,000.00 € incl. repatriation. (Medical insurances linked to credit cards are <u>not</u> accepted)	
8.	Flight and proof of accommodation (not mandatory for patients and/or official escorts) <u>ONLY FOR PRIVATE ESCORTS:</u> <ul style="list-style-type: none">Valid flight reservation/bookingValid (existing) hotel booking/reservation incl. full address (name, street, city, zip code, contact information, booking ref.)	
9.	Medical treatment (patient and/or escort) <ul style="list-style-type: none">Letter from Ministry of Public Health stating coverage of medical treatment for patient and all occurring expenses for patient and only one escorts ANDLetter from the hospital or doctor in Germany stating that the patient is in life threatening conditions and can't be treated in Qatar. The letter has to include as well the starting date of treatment and confirming the payment of the treatment costs ORLetter from the hospital or doctor in Germany stating that the patient is in life threatening conditions and can't be treated in Qatar. The letter has to include also the date and expected costs of treatment as well as proof of sufficient funds to cover the expected costs	
10.	Proof of financial means of applicant <u>ONLY FOR PRIVATE ESCORTS:</u> <ul style="list-style-type: none">E.g. bank statements, employment letter, proof of personal property, assets, credit cards with proof of credit limit, others <p>NOTE: In case financial means are provided by a relative please submit the fully filled out letter of guarantee with a passport copy of the relative</p>	

Important Information: Should the patient not be able to apply by himself/herself and should he/she not be in possession of a previous visa, please include a letter by the doctor stating the incapability to come personally to the Visa Application Center/ Visa section due to his/her illness.

II. REMARKS to be filled out VFS staff (please tick, what is relevant):

- ✓ Applicant travels alone
 with family member/s
 with a group as(please specify e.g. colleague, escort, sponsor)

- ✓ Applicant's documents are complete **NOT** complete - applicant has been informed of option to withdraw application to avoid possible refusal but wishes to submit application
 NOT complete - applicant will submit missing documents within 48 hours to VFS

- ✓ Applicant's travel date is less than 15 days no **YES** - applicant has been informed about the processing time and that he/she might not be able to travel to the intended date

Remarks:
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III. SIGNATURES and AGREEMENT

a) for Visa Applicant:
I HAVE READ AND AGREED TO THE TERMS AND CONDITIONS VALID FOR THE VISA APPLICATION AS PER ABOVE

.....
City and Date (signature of applicant)

b) for VFS staff:
APPLICANT HAS BEEN INFORMED OF THE ABOVE. THE REMARKS HAVE BEEN COMPLETED TOGETHER WITH APPLICANT

.....
City and Date (signature VFS Staff)