



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

### I. DOCUMENTS TO BE SUBMITTED

		<u>Submitted</u>
1.	<b>Application form – available online, free of charge</b> <ul style="list-style-type: none"><li>Fully completed in English or German and personally signed and dated by applicant</li></ul>	
2.	<b>For minors below the age of 18</b> <ul style="list-style-type: none"><li>A form “letter of consent” signed by the parents/legal guardian must be attached</li><li>Passport copies of parents/ legal guardian</li><li>Birth certificate with an English translation</li></ul>	
3.	<b>General instruction form</b> <ul style="list-style-type: none"><li>Personally signed and dated by the applicant</li></ul>	
4.	<b>Passport</b> <ul style="list-style-type: none"><li>Validity of a minimum of three months from requested date of leaving</li><li>Signed by passport holder</li><li>Passport not older than 10 years (issued in the last 10 years)</li><li>A minimum of two blank pages to be used for visas</li><li>Previous passport if applicable</li><li>IMPORTANT: valid Qatar residence permit (minimum validity up to return to Qatar)</li></ul>	
5.	<b>One recent biometric passport sized photograph (3.5x4,5 cm)</b> <ul style="list-style-type: none"><li>Must <b>not</b> be older than 6 months</li><li>Do not glue or staple the photos to the application form</li></ul>	
6.	<b>Photocopies</b> <ul style="list-style-type: none"><li>1 copy of passport pages with personal data and signature of passport holder</li><li>1 copy of Qatar residence permit</li><li>Copies of previous Schengen visa</li></ul>	
7.	<b>Overseas medical insurance</b> <ul style="list-style-type: none"><li>Only insurance companies authorized by the German Embassy Doha are accepted</li><li>Valid for entire duration of period of first stay and valid for all Schengen states</li><li>Minimum coverage 30,000.00 € incl. repatriation. (Medical insurances linked to credit cards are <u>not</u> accepted)</li></ul>	
8.	<b>Flight and proof of accommodation (not mandatory for patients and/or official escorts)</b> <b><u>ONLY FOR PRIVATE ESCORTS:</u></b> <ul style="list-style-type: none"><li>Valid (existing) hotel booking/reservation incl. full address (name, street, city, zip code, contact information, booking ref.)</li><li>Vouchers from travel agencies are not accepted as proof of accommodation</li><li>Flight reservation/booking</li></ul>	
9.	<b>Medical treatment (patient and/or escort)</b> <ul style="list-style-type: none"><li>Letter from Ministry of Public Health stating coverage of medical treatment for patient and all occurring expenses for patient and only one escorts <b><u>AND</u></b></li><li>Letter 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 <b><u>OR</u></b></li><li>Letter 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</li></ul>	
10.	<b>Proof of financial means of applicant</b> <b><u>ONLY FOR PRIVATE ESCORTS:</u></b> <ul style="list-style-type: none"><li>Original stamped and signed personal bank statements with salary income (minimum last 3 months and not older than 2 weeks from the day of submission)</li><li>Employment letter stating the amount of the salary</li></ul> <b>NOTE:</b> In case financial means are provided by a relative in direct line (parent/child) or spouse, please submit birth certificate or marriage certificate with an English translation to prove the relationship <b><u>Accompanying domestic workers as private escorts:</u></b> <ul style="list-style-type: none"><li>Stamped original and copy of employment contract registered with the competent Qatari labor authorities</li><li>Duly filled out letter of guarantee signed by sponsor</li><li>Passport copy of sponsor and copy of his/her Schengen visa if applicable</li></ul>	

**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: .....  
.....  
.....

**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)