

TEMPORARY STAY VISA FOR MEDICAL TREATMENT

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| Applicant's name and surname: | | |
| Email address: | | |
| Direct phone number: | | |
| Purpose for traveling to Portugal: | | |
| GENERAL REQUIREMENTS | | |
| | YES | NO |
| National Visa application form filled in and duly signed by the applicant (or by the legal guardian in case of minors or the disabled); | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 identical passport-sized photographs , recent and in good condition to identify the applicant (1 attached to the form). | <input type="checkbox"/> | <input type="checkbox"/> |
| Passport or other travel document, valid for at least 3 months beyond the intended period of stay; Photocopy of passport (biographical data). | <input type="checkbox"/> | <input type="checkbox"/> |
| Proof of regular status , if the applicant is of other nationality than that of the country where he is applying for a visa, valid beyond the date of expiry of the requested visa. | <input type="checkbox"/> | <input type="checkbox"/> |
| Valid travel insurance , covering necessary medical expenses, including urgent medical assistance and possible repatriation. | <input type="checkbox"/> | <input type="checkbox"/> |
| Police clearance certificate , issued less than 90 days before the submission of the visa application, by the competent authority of the applicant's country of nationality or the country where the applicant resides for over a year (not required for minors under sixteen years of age), with the Hague Apostille (if applicable) or duly legalized. | <input type="checkbox"/> | <input type="checkbox"/> |
| Copy of the return transport ticket . | <input type="checkbox"/> | <input type="checkbox"/> |
| Proof of means of support ; | <input type="checkbox"/> | <input type="checkbox"/> |
| OR, ALTERNATIVELY: | | |
| Presentation of a sponsorship letter , with a legalised signature, issued by a Portuguese citizen or a foreign citizen with a residence permit in Portugal, covering lodging & boarding, as well as all the removal costs, in case of irregular stay, accompanied by the following supporting documents: - Income Tax Return (IRS) of the subscriber (last year available); and - Bank statements of the subscriber (last 3 months). | <input type="checkbox"/> | <input type="checkbox"/> |
| OR | | |
| In the case of patients traveling under Cooperation Agreements , the proof of means of support and accommodation may be replaced by a statement issued | <input type="checkbox"/> | <input type="checkbox"/> |

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| by the Embassy in Lisbon ensuring the referred conditions. | | |
| SPECIFIC DOCUMENTS | | |
| Medical report; and | <input type="checkbox"/> | <input type="checkbox"/> |
| Document issued by an official or officially recognized health establishment ensuring hospitalization or outpatient treatment; and | <input type="checkbox"/> | <input type="checkbox"/> |
| In case of patients traveling under Cooperation Agreements , proof of the Medical Board and appointment must be presented. | <input type="checkbox"/> | <input type="checkbox"/> |
| ADDITIONAL DOCUMENTS FOR MINORS | | |
| Minors who are not traveling with both parents or are traveling with a third person must present: | | |
| • a travel authorization issued by the parent with whom the minor is not traveling or by both parents, with a legalised signature; or | <input type="checkbox"/> | <input type="checkbox"/> |
| • a court decision (when applicable) authorizing the minor to travel and stay in Portugal during the foreseen period according to the purpose of the stay, with the Hague Apostille (if applicable) or legalised; and | <input type="checkbox"/> | <input type="checkbox"/> |
| Photocopy of the parent's national identity card. | <input type="checkbox"/> | <input type="checkbox"/> |
| TEMPORARY STAY VISA FOR MEDICAL TREATMENT – CPLP MOBILITY AGREEMENT | | |
| CPLP citizens are exempt from presenting: | | |
| • Travel insurance, | <input type="checkbox"/> | <input type="checkbox"/> |
| • Return transport ticket; and, | <input type="checkbox"/> | <input type="checkbox"/> |
| • Means of support, upon presentation of a sponsorship letter , with a legalised signature, issued by a Portuguese citizen or a foreign citizen, with a residence permit in Portugal, covering lodging and boarding, as well as all the removal costs, in case of irregular stay, accompanied by the following supporting documents: | <input type="checkbox"/> | <input type="checkbox"/> |
| - Income Tax Return (IRS) of the subscriber (last year available); and | | |
| - Bank statements of the subscriber (last 3 months). | | |

Note:

- Consult the legislation in force in <https://vistos.mne.gov.pt/pt/vistos-nacionais/legislacao-nacional>

DECLARATION

(Applicant's name(s) and surname(s)),

Declare that:

- I pretend that my visa application be examined by the Consular Post with the missing documents marked in the attached checklist;
- I hereby acknowledge that:
- Failure to submit all the necessary documents may lead to the rejection of the visa application.
 - The Consular Post reserves the right to request supplementary documents if necessary.
 - If the Consular Post requests additional documents or missing documents to the applicant, the examination of the application is suspended until its submission.
 - Even if all the requested documents are submitted, it does not imply that a visa will automatically be granted. The visa fee is not refunded if the visa is refused.
 - Any false statement will result in the refusal of the visa application or the annulment of a visa that has already been granted and may subject me to legal action under Portuguese law.
 - All communications and notifications regarding the visa application may be sent to the electronic address indicated in field 19 of the visa application form, and shall be considered to have been made, pursuant to and for the purposes of article 113 (5 and 6) of the Code of Administrative Procedure, in the moment the applicant access to the specific mail sent or, in the event of no access to the electronic mailbox, on the fifth working day after it is sent.

Date: ____/____/_____

Signature: _____