Embassy
of the Federal Republic of Germany
Doha

Last update November 2021

SCHENGEN VISA – Medical

for NON - Qatari nationals

I. DOCUMENTS TO BE SUBMITTED

		Submitted
1a	**VIDEX Application form – available online** https://videx.diplo.de **free of charge** • Fully completed in English or German and personally signed and dated by applicant	
1b	**For minors below the age of 18** • The application form must be signed by both parents / legal guardian • A form "letter of consent" signed by the parents/legal guardian must be attached • Passport copies of parents/ legal guardian • Birth certificate with an English translation	
2	**General instruction form** • Personally signed and dated by the applicant	
3	**Passport** • Validity of a minimum of three months from requested date of leaving • Signed by passport holder • Passport not older than 10 years (issued within the last 10 years) • A minimum of two blank pages to be used for visas • Previous passport if applicable • IMPORTANT: valid Qatar residence permit (minimum validity up to return to Qatar)	
4	**One recent biometric passport sized photograph (3.5x4,5 cm)** • Must **not** be older than 6 months with bright background and frontal view of the face • Digitally altered passport Photos cannot be accepted • Do not glue or staple the photos to the application form	
5	**Photocopies** • 1 copy of passport pages with personal data and signature of passport holder • 1 copy of Qatar residence permit • Copies of previous Schengen visa	
6	**Overseas medical insurance** • Only insurance companies authorized by the German Embassy Doha are accepted • Valid for entire duration of period of first stay and valid for all Schengen states • Minimum coverage 30,000.00 € incl. repatriation. (Medical insurances linked to credit cards are not accepted) For multiple entry visas: a signed form 'Declaration on Travel Health Insurance' must be submitted	
7	**Flight and proof of accommodation (not mandatory for patients and/or official escorts with letter from the ministry of Public Health)** **ONLY FOR self-financed PRIVATE PATIENTS / ESCORTS:** • Valid & confirmed hotel reservation incl. full address (name, street, city, zip code, contact information, booking ref.) • If applicable: confirmation by hospital about in-patient treatment • If applicable: copy of contract / proof of property with full residential address if you will stay at an apartment / house in Germany that you own) • Vouchers from travel agencies are not accepted as proof of accommodation • Valid & confirmed flight reservation	
8	**Document about medical treatment (patient and –if applicable- escort)** • Letter from Ministry of Public Health stating coverage of medical treatment for patient and all occurring expenses for patient and escorts **AND** • Appointment letter from the hospital or doctor in Germany stating the starting date and approx.. duration of treatment **OR** • Letter from the hospital or doctor in Germany stating the date and approx.. duration of the treatment along with the expected costs of treatment.	
9	**Proof of financial means of applicant ONLY FOR self-financed PRIVATE PATIENTS / ESCORTS:** • 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)	

	• Employment letter, signed by the legal representative of the company as per Company Registration stating the amount of the salary • Attached copy of Company Registration/computer card showing legal representative(s) of the company NOTE: 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 **Accompanying domestic workers as escorts:** • must have resided in Qatar not less than one year and worked for the same employer since at least 6 months • Stamped original and copy of employment contract registered with the competent Qatari labor authorities • Duly filled out letter of guarantee signed by sponsor • Passport copy of sponsor and copy of his/her Schengen visa if applicable Kindly note that the German Embassy Doha reserves the right to request additional documents and/or ask applicant to come for an interview at any time.	

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.

Please note: if you know already prior to your trip that your intended stay in Germany will be longer than 90 days, please contact us to apply for a National Visa for a long-term stay – further information can be found on our website www.doha.diplo.de

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

✓ 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)