

Certification of entry for urgent medical reasons

I,

Last name, first name

in my capacity as

e. g. attending physician or director of a medical facility

Name and address of the medical facility, entry in the commercial register, entry in other registers if applicable

hereby certify that the patient

Last name, first name: _____

Date of birth: _____ Nationality _____

Address: _____

Passport number: _____

urgently needs to enter Germany for the following treatment:

Start and planned end of treatment: _____

Failure to receive this treatment would be life-threatening or could cause serious long-term damage.

Treatment in Germany is necessary for the following reason:

- The treatment can only be performed in Germany or at least cannot be performed in the person's country of origin.
- The treatment has already begun in Germany and is to be continued.

Place, date

Signature of the person providing the certification, in permanent ink

Additional information about the certification of entry for urgent medical reasons

Please note:

This form serves as proof for air carriers and border officials of a permitted reason for entry during the SARS-CoV-2 pandemic. You must keep this form and any other necessary documents with you when travelling and during your stay.

This document is not a substitute for any visa that may be required. For this reason, nationals of countries that do not belong to the EU who are subject to a visa requirement need a valid visa in addition to this form.

It is, however, not necessary to present a consular certificate. For this reason, the German diplomatic missions abroad do not issue such consular certificates. Instead, please use this form and keep it with you when travelling and during your stay.

Even during the SARS-CoV-2 pandemic, it is possible to enter Germany for **urgent medical reasons**. Urgent medical reasons may exist if a treatment can only be performed in Germany or at least cannot be performed in the person's country of origin or has already begun in Germany, and if failure to receive the treatment would be life-threatening or could cause serious long-term damage. To prove that this is the case, you will need a medical certificate, such as this form, to be filled in by your attending physician in Germany.

You can find more information on the website of the Federal Ministry of the Interior, Building and Community:

<https://www.bmi.bund.de/SharedDocs/faqs/EN/topics/civil-protection/coronavirus/coronavirus-faqs.html>

Attest zur Einreise aus zwingenden medizinischen Gründen

Hiermit erkläre ich,

Name, Vorname

in meiner Eigenschaft als

z. B. behandelnder Arzt, Leiter einer medizinischen Einrichtung

Bezeichnung und Anschrift der medizinischen Einrichtung, Handelsregistereintragung, ggf. anderer Registereintrag

dass die Einreise der Patientin/des Patienten

Name, Vorname: _____

geboren am: _____ Staatsangehörigkeit _____

wohnhaft (Adresse): _____

Reisepassnummer: _____

zu folgender Behandlung zwingend erforderlich ist:

Beginn und voraussichtliches Ende der Behandlung: _____

Ohne die Behandlung ist das Leben der Patientin/des Patienten bedroht oder es sind im Falle der Nichtbehandlung zumindest erhebliche bleibende Schäden zu befürchten.

Die Behandlung ist aus folgendem Grund in Deutschland erforderlich:

- Die Behandlung kann nur in Deutschland oder jedenfalls nicht im Herkunftsland der Patientin/des Patienten ausgeführt werden.
- Die Behandlung wurde in Deutschland begonnen und soll nun fortgesetzt werden.

Ort, Datum

Eigenhändige Unterschrift mit dokumentenechtem Schreibgerät