

## 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:**

In general, **a visa is required** to enter Germany for urgent medical reasons. The form on page 1 is not a substitute for a visa; instead, it 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 with you when travelling and during your stay.

**Nationals of countries who are not required to have a visa for short stays do not need to present a consular certificate.** German missions abroad do not issue consular certificates for these purposes. Please use the form on page 1 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 \_\_\_\_\_

wohnhafte (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