



CHECKLIST FOR MEDICAL (*cure mediche/CM*) SCHENGEN VISA (VSU) OR NATIONAL VISA (VN)

APPLICANT MUST APPLY IN PERSON - No stapling of documents - Screenshots or photos are inadmissible.
Original & 1 copy (originals and/or certified copies will be returned)

1.	<input type="checkbox"/>	VISA APPLICATION , duly filled out in English and signed by the applicant (for minors: signed by both parents and legal guardian).
2.	<input type="checkbox"/>	ONE BIOMETRIC COLOUR PASSPORT PHOTO (not older than 6 months) ICAO format (35 mm x 45 mm), on white background, full face and front view, in colour. Scanned or photocopied photos will not be accepted.
3.	<input type="checkbox"/>	PASSPORT – Original & One copy of biometric page and copies of previous Schengen, USA, or UK visas Valid for a period of <i>at least 3 months</i> after the applicant's last day of stay in the Schengen area and not older than 10 years. Please ensure that the passport is signed and has 2 blank pages to affix visa. If Visas are in old passport: copy of the first page of the old passport and copies of relevant visas.
4.	<input type="checkbox"/>	For non-Kenyans: KENYAN ID – EVIDENCE OF LEGAL RESIDENCE Kenyan resident permit; Permanent Residence; Student pass (<i>must provide official University's letter confirming course attended</i>); re-entry stamp in passport. <i>☞ The validity of the permit must exceed the planned stay in the Member States by at least 3 months.</i> <i>☞ Visitor's pass stamp on passport will not be accepted</i>
5.	<input type="checkbox"/>	HEALTHCARE DOCUMENTATION / PROOF OF MEDICAL TREATMENT <ul style="list-style-type: none"> ▪ Medical records issued by a recognized private or public institution proving the declared pathology for which the traveller needs treatment; ▪ A medical certificate (no older than 6 months from the date of issuance) confirming that the treatment is NOT available in Kenya issued by the Embassy's trusted doctor: ▪ DR MAURO SAIO - DOCTOR'S PLAZA, NAIROBI HOSPITAL, 1ST FLOOR, RM. 109 AND 111 – TEL +254 734 517972 EMAIL: office@frontiermedics.com ▪ Declaration of the Italian private or public health facility (the latter must be accredited with the National Health Service) specifying type of treatment, start date, duration and estimated cost; ▪ Certification by the Italian healthcare facility of the 30% security deposit payment of the total estimated cost for the requested health services or, alternatively, specific regional resolution or authorisation issued by the Ministry of Health within the framework of humanitarian programmes.
6.	<input type="checkbox"/>	PROOF OF FUNDS IN ITALY Supporting documentation proving the applicant has sufficient resources in Italy to cover the outstanding amounts for healthcare, food and lodging outside the health facility, and repatriation of the patient and his/her accompanying person.
7.	<input type="checkbox"/>	INDIVIDUAL TRAVEL MEDICAL INSURANCE (Policy Certificate Page only) Purchased by an insurance company in Kenya or in the Schengen area ; covering the whole period of stay; with the full name of applicant as per passport; valid for the whole Schengen Area, with a minimum coverage of € 30.000 for urgent hospitalization or repatriation expenses; stamp and signature of the insurance company are mandatory. <i>Alternatively, letter from existing Medical Insurance company (e.g., BUPA, Allianz, Cigna etc.) or employer confirming coverage in the Schengen area meeting the prerequisite requirements.</i>
8.	<input type="checkbox"/>	TRAVEL DOCUMENTATION <ul style="list-style-type: none"> <input type="checkbox"/> Round Trip flight booking - with PNR - issued by a dependable Travel Agent or Airline - indicating the applicant's full name as per passport, departure cities and destination(s). <input type="checkbox"/> Accommodation - Proof of hotel accommodation (s) covering the whole duration of the trip, with hotel name, address, name and surname of all applicants If staying with family/friends completed form "2024 Dichiarazione Alloggio Garanzia - Proof of Sponsorship".

APPLICANTS LIVING OUTSIDE KENYA: send the medical documentation to a friend/relative living in Kenya to obtain certification of non-availability of treatment from the Embassy's physician (or contact him via email for assistance)

IMPORTANT NOTE: Submission of **FALSE/COUNTERFEITED** documentation will automatically lead to a **VISA REFUSAL** and report will be filed immediately to the relevant Kenyan and/or Italian authorities.

IMPORTANT NOTES:

Citizens of Pakistan, Afghanistan, Iraq, Palestine, Yemen and Travel Documents Holders (with the three letters code XXA or XXB appearing in the ICAO) need to provide full names of mother and father from a birth certificate or Consular declaration + translation in English

- Visa applications must be lodged at least 15 calendar days before the intended visit and cannot be lodged earlier than six months before the start of the intended visit.
- **PROCESSING TIME FOR MEDICAL VISA APPLICATION CAN TAKE UP TO 90 CALENDAR DAYS.**
- The Embassy and VFS cannot assume the responsibility to return original documents presented with the application.
- The Embassy may conduct an interview (in person or by phone).
- Birth and/or marriage certificate may be required
- The Consular administration has full authority to evaluate and request additional documentation, if deemed necessary, in addition to what has been submitted. Furthermore, the applicant is hereby informed that submitting all required documentation does NOT guarantee the issuance of any particular visa.
- Please *verify the accuracy of the visa sticker* and communicate any discrepancies/corrections (Passport number, your full name, visa's start date, validity time and entries)

I, the applicant, declare that I have been advised by VFS staff about any incomplete / incorrect documentation regarding my Visa application and that I received back all my original documents, which I had showcased as evidence to the VFS staff.

Date: _____

Name of Applicant: _____

Signature: _____

Name of VFS staff accepting the application: _____