



Please return the completed form along with your completed
Section 4 Application Form

**Medical Declaration to Accompany Application for Support
under Sections 4(2) or (3) of the Immigration and Asylum Act 1999
(Accommodation for Failed Asylum Seekers)**

**This declaration should be completed by a medical professional.
Please fill in this form in BLOCK CAPITALS using black ink**

Under the Immigration and Asylum (Provision of Accommodation to Failed Asylum Seekers) Regulations 2005 a failed asylum seeker may be eligible for support if, in addition to satisfying the Secretary of State that he would otherwise be destitute, he (or his dependant) is unable to leave the United Kingdom by reason of a physical impediment to travel or for some other medical reason.

The precise meaning of this Regulation was considered by the High Court in the Osman case; Mr Justice Holman decided that a two-stage approach was required. He stated that;

“the test is not whether it is undesirable or inadvisable for an applicant to leave the UK from the point of view of their medical treatment, but whether the applicant is actually unable to leave. Where medical evidence indicates that an applicant needs to maintain regular treatment and monitoring, this does not mean that, on any given day, an applicant would not in fact be fit to travel or as the test requires, be unable to leave the UK”.

Note to Applicant

This declaration should be taken to your General Practitioner (GP) or your NHS Consultant for them to complete on your behalf. This declaration does not need to be completed if you are pregnant (please see Section 4 Application form Guidance notes for details about what needs to be submitted if you are pregnant). Once the declaration has been completed you should submit this as evidence with your application for support under Section 4 of the Immigration and Asylum Act 1999.

Note to Medical Professional

This declaration should be completed by you. You need to state:

- the exact nature of the patient's medical condition, including details about the treatment the patient may be receiving and how this affects their ability to undertake international travel.

The information required is solely regarding the patient's current medical condition. We do not require information regarding whether the patient:

- would benefit from treatment in the United Kingdom; **and/or**
- is undergoing **any** other treatment in the UK that does **not** render the patient unable to leave the United Kingdom; **and/or**
- can receive appropriate treatment in his own country.

Applicants Details – to be completed by the applicant	
Full name	
Date of Birth	
Nationality	
Reference Numbers	Support (previously NASS) Reference Home Office Reference.....
I consent to the disclosure of personal medical information to UKBA for the purpose of assessment of my eligibility for support	Signature: Date: (/ /) (day/month/year)

Patient's Details – to be completed by the medical professional

What is the patient's current medical condition?

Please include the following details of:

- The exact nature of the medical condition;
- The treatment being received, and
- Any other relevant information regarding the medical condition.

<p>General Practice / Hospital Stamp (Please sign over the stamp with your signature. This must be completed for the declaration to be considered as valid)</p>	
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