



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.

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:

- if the patient is unable to leave the United Kingdom by reason of a physical impediment to travel or for some other medical reason; **and**
- the exact nature of the physical impediment or medical reason, including details about the treatment the patient may be receiving and why this would render the patient unable to travel from the United Kingdom; **and**
- when the patient will be able to leave the United Kingdom.

The information required is solely regarding the patient's ability to leave the United Kingdom.

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.

Today's Date	(/ /) (day/month/year)
General Practice / Hospital Stamp (Please sign over the stamp with your signature. This must be completed for the declaration to be considered as valid)	