



Requirements for Medical Visa

(This is a Permit issued to Foreigners intending to visit South Africa for the purpose of undergoing *medical treatment*. A Medical Treatment Visa may be issued for a maximum period of six (6) months at a time. For a stay under 6 months: use DHA-84 application form)

Except in the case of medical treatment or if the applicant is the spouse or dependent child of the holder of a Business or Work Visa, the holder of a port of entry visa, visitor's visa and medical treatment visa may not apply for a change of conditions of an existing visa, unless he or she is in possession of a letter issued on behalf of the Minister of Home Affairs that good cause had been demonstrated for the submission of such an application.

Requirements: (All Forms to be completed in Black Ink)

Please submit your application in the order outlined below:

- **A Printed Copy of the 'Confirmation of Appointment'.**
- **Completed DHA-1738** signed by applicant.
- **Machine Readable Valid Passport** with minimum two (2) unused visa label pages.
Passport must be valid for minimum 30 days after the intended date of departure from South Africa.
- **Non-Refundable** Application Fee (if applicable) in the form of a money order/cashier's check: **\$55.00** payable to the South African Consulate General NY
- Two (2) passport photos.
- A copy of bio page of your passport.
- Original + copy of valid Proof of Residence in the USA (Green Card/H1 B/J1/L1 etc) (Proof of Residence must be valid for duration of stay in South Africa) **(B1/B2 USA visa holders are not eligible to apply and must apply in their Country of Residence).**
- A copy of Birth Certificate.
- A pre-paid, self-addressed FedEx or USPS Priority mail envelope with **sender and receiver in applicant's name and address. Collection of passport in person is a option.**
- **A Statement or Documentation** detailing the purpose and duration of the visit.

- Proof of **Tentative Travel Itinerary** for round-trip air tickets. **Do not purchase air tickets prior to obtaining your South African visa.**
- Proof of **Tentative Accommodation: Hotel Booking with applicant's name**
 - If hosted by South African Citizen or Permanent Resident, include the following:
 - A signed letter of invitation from Host
 - A certified copy of RSA ID document
 - A copy of proof of residence (utility/tax bill, bank statements).
 - If hosted by a Non-South African, include the following:
 - A signed letter of invitation from Host
 - A certified copy of passport and SA visa
 - A copy of proof of address (utility/tax bill, bank statement)
- **Proof of Financial Means** in the form of bank statements for the last three (3) months, without manual erasures
- **A Yellow Fever Certificate** is required for applicants traveling through *Yellow Fever Belt* areas en route to South Africa.
- **Medical Report** on prescribed form – **DHA-811**(physical). The Certificate must not be older than six (6) months at the time of application.
- The **Federal Bureau of Investigation (FBI) Clearance Certificate** (full criminal background check report), together with **original Police Clearance Certificates** from each country in which the applicant has resided for a period of 12 months or longer after the age of 18 (within the past five (5) years), confirming the applicant's criminal record status or character. All certificates must not be older than six (6) months at the time of submission.

Additional requirements for Accompanying Spouse:

- Marriage Certificate **OR** in the case of a Foreign Spousal Relationship please provide:
 - proof of official recognition thereof issued by the authorities of the foreign country of the applicant (where applicable).
 - Divorce Decree, where applicable.

For Accompanying Children:

- A Court Order granting full or specific parental responsibilities and rights, where applicable.
- Death Certificate, in respect of late spouse, where applicable.
- Written consent from both parents and full parental responsibilities, where applicable.
- Proof of Adoption, where applicable.
- Legal Separation Order, where applicable.

In Respect of an Application by a Person who is the Spouse OR Dependent Child of the holder of a visa issued in terms of Section 11, 13, 14, 15, 17, 18, 19, 20 or 22 of the Act, include the following:

- A certified/notarized copy of the visa holder's visa, together with an Affidavit confirming financial responsibility for the applicant.

Requirements by Principal Applicant/s:

- A Formal letter issued by the Applicant's Medical Practitioner OR a recognized Medical Institution within the Republic of South Africa, confirming:
 - Availability of treatment and space at the Institution.
 - The estimated cost of the proposed treatment.
 - Whether the condition is treatable or curable.
 - The proposed treatment plan/schedule; and
- The anticipated duration of treatment in the Republic.
- Full details of, and written confirmation from, the individual or institution responsible for covering the medical and hospital expenses.
(Where the applicant's medical aid or employer does not assume financial responsibility, proof of sufficient financial means to cover all related medical costs must be provided).
- Details of any accompanying persons traveling with the applicant.

Processing Time: 4 - 6 weeks

WHERE TO SUBMIT YOUR APPLICATION

For Residents of: Connecticut, Delaware, Kentucky, Maine, Massachusetts, New Hampshire, New Jersey, New York, North and South Carolina, Pennsylvania, Rhode Island, Tennessee, Vermont and West Virginia:

South African Consulate General NY
805 Third Avenue 30th/31st Floor
New York NY 10022
Tel: (917) 200 8396

Email: consular.ny@dirco.gov.za

Website: www.dirco.gov.za/newyork

