

## Doctor's Medical Certificate for Au Pair Programme

To be completed by your Doctor

<b>AUP No.:</b>	<b>Surname:</b>	<b>First name:</b>	<b>Female:</b>	<b>Male:</b>
<b>Date of birth:</b>	day          month          year	<b>Height:</b>	metres	<b>Weight:</b> kilos
<b>Address:</b>		<b>Tel:</b>		
		<b>Fax:</b>		

1. Does the applicant presently suffer from or has ever had the following?

	Yes	No		Yes	No
<b>Allergies:</b>			<b>Anaemia:</b>		
<b>Apendicitis:</b>			<b>Arthritis:</b>		
<b>Bulimia:</b>			<b>Chicken Pox:</b>		
<b>Diabetes:</b>			<b>Dizziness/Fainting:</b>		
<b>Epilepsy/Convulsions:</b>			<b>German Measles (Rubella):</b>		
<b>Heart Disease:</b>			<b>Hepatitis:</b>		
<b>Herpes (cold sores):</b>			<b>Kidney Disease:</b>		
<b>Measles:</b>			<b>Menstrual problems:</b>		
<b>Migraine/Headaches:</b>			<b>Mumps:</b>		
<b>Polio:</b>			<b>Rheumatic Fever:</b>		
<b>Tuberculosis:</b>			<b>Venereal Disease:</b>		
			<b>Anorexia:</b>		
			<b>Asthma:</b>		
			<b>Depression:</b>		
			<b>Eye problems:</b>		
			<b>Glandular Fever:</b>		
			<b>Hernia:</b>		
			<b>Malaria:</b>		
			<b>Miscarriage:</b>		
			<b>Nervous Illness:</b>		
			<b>Scarlet Fever:</b>		
			<b>Ulcers:</b>		

If answered Yes to any of the above, please give details and dates as applicable:

2. Please indicate if the applicant has been immunised against the following:

	Yes	No		Yes	No
<b>Tetanus:</b>			<b>Mumps:</b>		
<b>Typhoid:</b>			<b>Measles:</b>		
<b>Diphtheria:</b>			<b>Whooping Cough:</b>		
<b>Tuberculin Test:</b>			<b>German Measles (Rubella):</b>		
<b>Polio:</b>					

**3.** Is the applicant currently, to the best of your knowledge, a likely carrier for any infectious disease, such as Hepatitis B or HIV virus? **Yes**    **No**

If answered yes, please give details:

**4.** Is the applicant currently, or has the applicant ever been treated/counselled or received medication for a nervous condition, eating disorder, depression or emotional disorder? **Yes**    **No**

If answered yes, please give full details and dates. Please provide comments on the applicant's present condition and well being:

**5.** Has the applicant, to be best of your knowledge, ever had any criminal convictions or charges filed against them? **Yes**    **No**

If answered yes, please give full details.:

**6.** Does this applicant have any history of physical, emotional or sexually related problems that you might wish a family to know as they consider whether the applicant is a suitable person to live in their home and care for their small children for up to 2 years? **Yes**    **No**

If answered yes, please give full details:

**Name of doctor:**

**Doctor's stamp or seal of the practice:**

**Address:**

**Signature:**

**Tel:**

**Date:**

**Fax:**

**day                      month                      year**