

Medical certificate
(to be completed by your Doctor)

Name:
Address
Date of Birth

Has the above named person suffered from:

Asthma Yes No
Rheumatic-Fever Yes No
Hay Fever Yes No
Epilepsy Yes No
Diabetes Yes No
Allergies Yes No
Nervous illness Yes No
Drug problem Yes No
Any Transmittable diseases Yes No

Is Applicant Pair taking any Medication Yes No
If yes for what ailment _____

In your opinion is this Applicant capable of meeting the demands
of an Au pair Yes No

Doctors Name:
stamp

Doctors

Address:

Signature _____