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Medical Report for Au Pair Program

Prepared by Doctor

The applicant named below has applied for participation in an Au Pair program in a foreign country. The program is a cultural exchange program, and the applicant will be living with a family while caring for their children. Regulations require Au Pairs in the program to be in good health.

AU PAIR INFORMATION

Name of applicant:		Date of birth (dd/mm/yyyy):	
Gender: ☐ Female ☐ Male	Age:	Height:	Weight:
Address:		Postal Code:	
City:		Country:	

Has the applicant ever suffered from or been diagnosed with any of the following?
Indicate by checking "yes" or "no".

☐Yes ☐No Allergies
☐Yes ☐No Chicken Pox
☐Yes ☐No Diabetes
☐Yes ☐No Epilepsy
☐Yes ☐No Tuberculosis
☐Yes ☐No Serious or persistent headaches/migraines
☐Yes ☐No Ear infection
☐Yes ☐No Eye problems
☐Yes ☐No Heart disease
☐Yes ☐No Respiratory disorder/asthma
☐Yes ☐No Bulimia/anorexia
☐Yes ☐No Mental/nervous disorders
☐Yes ☐No Is the applicant pregnant?
☐Yes ☐No Does the applicant smoke?
☐Yes ☐No Does the applicant have any physical disabilities?

If "yes" is checked for any of the above conditions, please explain further:

Is the applicant able to participate in all sports and physical activity? ☐Yes ☐No ☐Limited If No / Limited, explain:

Has the applicant ever been hospitalized? ☐Yes ☐No If Yes, explain:

Has the applicant ever had a surgery? ☐Yes ☐No If Yes, explain:

Has the applicant ever been treated for emotional problems or eating disorder? ☐Yes ☐No If Yes, explain:

Is the applicant currently taking any medication? ☐Yes ☐No If Yes, explain:
Is the applicant correctly immunized according to the vaccinations calendar in your country? ☐Yes ☐No If No, explain:
Is the applicant currently, to the best of your knowledge a likely carrier for any infectious disease? ☐Yes ☐No If Yes, please give details:
Does this applicant have any history of physical or emotional related problems that you might wish a family to know as they consider wether the applicant is a suitable person to live in their home and care for their small children. If Yes, please give details.
In my professional opinion, the general state of the applicant's health is: ☐Excellent ☐Good ☐Fair ☐Poor

☐ *I hereby certify that, to the best of my knowledge, the medical report is true and accurate.*

Date: _____

Name of Physician (Print): _____ Signature of Physician: _____

Address: _____

Telephone: _____

E-mail: _____

Doctor's stamp or seal of the Practice

Please send by e-mail: **info@aupairinspain.com**

Plaza Santa Catalina de los Donados nº3 Local Bajo Interior. Madrid 28013
info@aupairinspain.com | Tel: (+34) 644568598 | skype: au.pair.in.spain. | www.aupairinspain.com