



### MEDICAL QUESTIONNAIRE

- please complete this form and also obtain a medical certificate from your doctor,  
with signature and stamp.

<b>Au pair name</b>	
<b>Date of Birth</b>	

Do you suffer from any of the following;

Asthma                                      Yes  No                       Epilepsy                                      Yes  No

Diabetes                                      Yes  No                       Allergies                                      Yes  No

Nervous illness                              Yes  No                       Stress/depression                              Yes  No

Drug problems                              Yes  No                       Tuberculosis                                      Yes  No

Are you taking any medication?                      Yes  No

Are you pregnant ?                      Yes  No

Have you been diagnosed with HIV  
Or and sexually transmitted disease                      Yes  No

**If yes to any of the above, please give details;**

Please state any other known medical conditions that should be taken into account when considering your application to become an Au Pair in the UK.

Would you consider this person fit to work with children? Yes / No

<b>Doctor's name</b>	
<b>Address</b>	
<b>Telephone</b>	

<b>I hereby declare that the information in this medical questionnaire is correct.</b>		
Signature:	Full name:	Date: