|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Medical** (Please ask this form to be completed and signed by your doctor)  *This person is applying to be an au pair abroad:* | | | | | | | | | | | |
| Au pair name |  | | | | | | | | | | |
| Date of birth |  | | | | | | | | | | |
| *Has the applicant suffered from/been treated for any of the following in the past 2 years:* | | | | | | | | | | |
| Asthma | | ☐ Yes | ☐ No | | Epilepsy | | ☐ Yes | | ☐ No | |
| Diabetes | | ☐ Yes | ☐ No | | Allergies | | ☐ Yes | | ☐ No | |
| Nervous illness | | ☐ Yes | ☐ No | | Stress/Depression | | ☐ Yes | | ☐ No | |
| Drug problems | | ☐ Yes | ☐ No | | Eating disorder | | ☐ Yes | | ☐ No | |
| Is the applicant taking medication? | | | | ☐ Yes | | ☐ No | | | | |
| Is applicant pregnant? | | | | ☐ Yes | | ☐ No | | | | |
| Does applicant have any pre-existing medical conditions | | | | | | | | ☐ Yes | | ☐ No |
| If yes to any of the above, please give details: | | | | | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Would you consider this person fit to work with children? | | | ☐ Yes | ☐ No |
| Any comments |  | | | |
|  | | | | |
| Physicians name |  |  | | |
| Phone number |  |  | | |
| Signature |  | Stamp | | |
| Date |  | *By giving your signature you give permission to be contacted.* | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **This section must be signed by the au pair applicant** | | | |
| If my medical condition changes (including pregnancy), between the time of signing this document and my departure to Australia. I understand that I am required to notify Smart Aupairs and resubmit another Medical form prior to my arrival. I also understand that failure to adhere to this policy may result in my termination of the program.  I accept responsibility for any medical expenses which are not covered by my insurance policy, and understand that pre-existing medical conditions will not be covered automatically.  I also give my full consent to release this information to potential host families. | | | |
| Au pair signature |  | | |
| Print name |  | Date |  |