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| **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.* |

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| **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 |  |