



STS AU PAIR UK MEDICAL FORM

This form must be completed and signed by your doctor.

Au Pair name: _____

Date of birth: _____

Has the applicant suffered from any of the following?

Asthma ☐ YES ☐ NO

Epilepsy ☐ YES ☐ NO

Diabetes ☐ YES ☐ NO

Stress/ Depression ☐ YES ☐ NO

Nervous Illness ☐ YES ☐ NO

Eating disorder ☐ YES ☐ NO

Drug problems ☐ YES ☐ NO

Allergies ☐ YES ☐ NO

If yes to any of the above, please give details: _____

Is the applicant taking any medication? ☐ YES ☐ NO

If yes, please give details: _____

Has this patient been treated for any medical condition in the past two years? ☐ YES ☐ NO

If yes, please give details: _____

Would you consider this person fit to work with children? ☐ YES ☐ NO

Doctors name: _____

Address: _____

Telephone number: _____

Stamp and date: _____

Signature and date: _____