



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: _____

Adress: _____

Telephone number: _____

Stamp and date: _____

Signature and date: _____