



# MEDICAL CERTIFICATE

Please print clearly with dark ink!

First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Address \_\_\_\_\_  
Country \_\_\_\_\_  
Date of birth \_\_\_ / \_\_\_ / \_\_\_\_\_ (dd/mm/yyyy)

The candidate named above has applied for participation in an Au Pair Exchange Program in New Zealand. If accepted for programme participation, the applicant will spend several months with a New Zealand Host Family, living in their home and providing childcare assistance.

Has the applicant had the following illnesses/conditions?

ASTHMA	<input type="checkbox"/> Yes <input type="checkbox"/> No	EPILEPSY	<input type="checkbox"/> Yes <input type="checkbox"/> No
DIABETES	<input type="checkbox"/> Yes <input type="checkbox"/> No	RHEUMATIC FEVER	<input type="checkbox"/> Yes <input type="checkbox"/> No
HAYFEVER	<input type="checkbox"/> Yes <input type="checkbox"/> No	ALLERGIES	<input type="checkbox"/> Yes <input type="checkbox"/> No
NERVOUS ILLNESS	<input type="checkbox"/> Yes <input type="checkbox"/> No	DRUG PROBLEM	<input type="checkbox"/> Yes <input type="checkbox"/> No
EATING DISORDER	<input type="checkbox"/> Yes <input type="checkbox"/> No	OTHER _____	

Please give full information (including dates and details) about every illness/condition mentioned ('Yes' response) for any of the above listed questions.

\_\_\_\_\_  
\_\_\_\_\_

Is the applicant taking medication? If so, please state for what ailment.

\_\_\_\_\_  
\_\_\_\_\_

In my professional opinion the general state of the applicant's health is (tick one):

Excellent  Good  Fair  Poor

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DOCTOR'S STAMP AND SIGNATURE

Date \_\_\_ / \_\_\_ / \_\_\_\_\_ (dd/mm/yyyy)