

Medical information, Part 1 (Part 1: to be completed by the applicant)

Name of applicant _____

Birthdate: _____ Height: _____ Weight: _____

Tick the appropriate box if you are presently suffering from or have ever had:

- | | | |
|--|--|---|
| Tuberculosis <input type="checkbox"/> | Depression <input type="checkbox"/> | Bulimia <input type="checkbox"/> |
| Anaemia <input type="checkbox"/> | Dizziness/fainting (Schwindelanfall/Ohnmacht) <input type="checkbox"/> | Kidney disease (Nierenerkrankung) <input type="checkbox"/> |
| Eye problems <input type="checkbox"/> | Heart disease <input type="checkbox"/> | Migraine/headaches <input type="checkbox"/> |
| Arthritis <input type="checkbox"/> | Epilepsy/convulsions <input type="checkbox"/> | |
| Ulcers (Geschwüre) <input type="checkbox"/> | Hepatitis A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> | |
| Anorexia (Magersucht) <input type="checkbox"/> | Asthma <input type="checkbox"/> | |
| Diabetes <input type="checkbox"/> | | |

If you have ticked any of the above, please give details including dates:

Have you ever received counselling and/or medication for any nervous or emotional problems, or for an eating disorder? Yes No

If yes, give details including dates

Have you ever undergone surgery or been hospitalised? Yes No

If yes, give details and dates please

Do you suffer from any allergies? Yes No

If yes, give details

Do you have any chronic or recurring illness? Yes No

Do you carry an infectious disease such as Hepatitis B or the HIV virus? Yes No

Are you currently taking any medication: Yes No

If yes to any of the above please give details

I hereby certify that all information given is correct, and that withholding or falsifying any information may result in me being withdrawn from the programme.

Date _____ Signature _____

Medical certificate, Part 2 (to be completed by a Medical Doctor)

As an au pair the applicant will be living with and will be responsible for young children in a foreign country. It is therefore important that we are advised of any physical or mental health problems that may have a bearing on the applicant's ability to participate.

Die/Der BewerberIn wird als Aupair in einem fremden Land mit Kindern zusammen leben und für sie Verantwortung tragen. Daher ist es wichtig, uns über den physischen und psychischen gesundheitlichen Zustand der Bewerberin/ des Bewerbers ausführlich zu informieren.

Please review the information provided in **Part 1** and give your opinion of the applicant's general state of health:

Bitte lesen Sie aufmerksam die Informationen der Bewerberin/ des Bewerbers auf der Rückseite durch und teilen Sie uns Ihre Meinung über ihr/ sein generelles gesundheitliches Befinden mit:

excellent good poor
hervorragend gut schlecht

How long have you known the applicant? _____
Seit wann kennen Sie die/den BewerberIn?

Is the applicant currently taking any medication? Please specify:

Ist die/der BewerberIn derzeit in medizinischer Behandlung? Bitte geben Sie genaue Angaben:

Does the applicant have any infectious disease or suffer from any chronic illness?

Leidet die/der BewerberIn an einer ansteckenden oder chronischen Krankheit?

Has the applicant ever received treatment for nervous or emotional problems?

Ist die/der BewerberIn jemals in psychologischer Behandlung gewesen?

I hereby confirm that (please add the applicants name) _____
is in good physical and mental health that allows him/her to work with children in a foreign country.

Hiermit bestätige ich, dass die/der BewerberIn in gutem physischen und psychischen Zustand ist, der ihr/ihm die Arbeit mit Kindern in einem fremden Land erlaubt.

Date, Location
Datum, Ort

Doctors print name
Name des Arztes

Doctors signature and stamp
Unterschrift und Stempel des Arztes