

Medical Certificate

Name and Address of the Doctor

Date of medical exam: _____

Patient Gender: female male

Patient Name: _____

Patient Date of Birth: _____

Patient Height: _____

Patient Weight: _____

I, Dr. _____ after careful personal examination of the patient, hereby certify that the patient is

- Physically & mentally healthy and free of any infectious diseases.
There are no medical objections to a stay abroad as an au pair.
- suffering from the following illnesses or allergies (please elaborate below):

Signature of Doctor: _____

The following blood tests were done:

TBC (Tuberculose):	negative	positive	not tested
AIDS (HIV):	negative	positive	not tested
Hepatitis A:	negative	positive	not tested
Hepatitis B:	negative	positive	not tested
Hepatitis C:	negative	positive	not tested
Drug test:	negative	positive	not tested
Pregnant:	negative	positive	not tested
Diabetes:	negative	positive	not tested

The following other blood tests were done and the results were as follows:

Signature of Doctor: _____

The patient is up to date on the following vaccinations:

Measles	date of last immunization:	_____
	or date of illness:	_____
Rubella	date of last immunization:	_____
	or date of illness:	_____
Mumps	date of last immunization:	_____
	or date of illness:	_____
Chickenpox	date of last immunization:	_____
	or date of illness:	_____
Diphtheria	date of last immunization:	_____
Tetanus	date of last immunization:	_____
Polio	date of last immunization:	_____
Hepatitis A	date of last immunization:	_____
Hepatitis B	date of last immunization:	_____
Typhus	date of last immunization:	_____
Tuberculosis	date of last immunization:	_____
Haemophilus Influenzae Type B	date of last immunization:	_____
Pneumococcus	date of last immunization:	_____
Rotavirus	date of last immunization:	_____
Meningococcus	date of last immunization:	_____
Corona	date of last immunization:	_____
	or date of illness:	_____

Signature of Doctor: _____



Signature of Doctor: _____