

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 (please attach lab results):

| | | | |
|---------------------|----------|----------|------------|
| TBC (Tuberculosis): | 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: _____