Medical Form

Membership no

(If known)

INSTRUCTIONS

PART A To be completed by Applicant and reviewed by Doctor
PART B To be completed by Doctor

1. Please complete this form immediately
2. Make a copy of your completed form. **Keep one copy (original or photocopy) to take with you to the United States**
3. Post or fax the other copy to the London office immediately or give to your interviewer to forward
4. Please note the Doctor completing this form may not be a family member

PART A – to be completed by Applicant & reviewed by Doctor

Please note that withholding or falsifying any information may result in the applicant being withdrawn from the programme

NAME OF APPLICANT – AS IT APPEARS IN PASSPORT

Last Name | First Name | Other Initials

Full Postal Address ____________________

Postcode ________ Country ________ Home Telephone No ________

Date of Birth *day* *month* *year* Age ☐ Sex Female ☐ Male ☐

Height: feet/inches ________ or metres ________ Weight: pounds ________ or kilos ________

Next of kin – please give details of the relative or person we can contact in case of an emergency when you are in the US

Name ________ Relationship to Applicant ________

Full Postal Address ____________________

________ Postcode ________ Country ________

Telephone No (day) ________ (evening) ________

Are you covered by additional insurance beyond that provided by the Au Pair in America programme? Yes ☐ No ☐

If yes, give details below and attach a photocopy of the policy documents (write your name clearly on each page)

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

tuberculosis ☐	chicken pox ☐	malaria ☐	pregnancy/miscarriage or termination ☐	glandular fever ☐
anaemia ☐	diabetes ☐	heart disease ☐	ear infections ☐	kidney disease ☐
eye problems ☐	herpes (cold sores) ☐	menstrual problems ☐	German measles (rubella) ☐	sleep walking ☐
arthritis ☐	scarlet fever ☐	rheumatic fever ☐	gall bladder problems ☐	migraine/headaches ☐
ulcers ☐	depression ☐	epilepsy/convulsions ☐	bulimia ☐	measles ☐
anorexia ☐	dizziness/fainting ☐	hepatitis A ☐ B ☐ C ☐	polio ☐	diabetes ☐
mumps ☐	venereal disease ☐	asthma ☐		varicose veins ☐
hernia ☐	other ☐			

If you have ticked any of the above, give details including dates as applicable ____________________

au pair in AMERICA

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(If known)

NAME OF APPLICANT – AS IT APPEARS IN PASSPORT

Last Name ______________ First Name ______________ Other Initials ______________

When was the last time you visited a Doctor and why? ______________

Have you ever received counselling and/or medication for a nervous condition, eating disorder, depression or emotional problem? Yes ☐ No ☐

If yes, give details and dates ______________

Have you ever been a victim of sexual, emotional or physical abuse? Yes ☐ No ☐ If yes, give details and dates ______________

Is there any history of nervous or emotional problems, depression or abuse (sexual, emotional or physical) in your family background? Yes ☐ No ☐

If yes, give details and dates ______________

Tick the appropriate box if you suffer from any allergies

penicillin ☐ other drugs ☐ insect stings ☐ hay fever ☐ foodstuffs ☐ other ☐

If you have ticked any of the above, give full details ______________

Is your physical ability restricted in any way? Yes ☐ No ☐

Do you have any habits which may affect your health (e.g. alcohol, cigarettes, drugs)? Yes ☐ No ☐

Do you have any chronic or recurring illness? Yes ☐ No ☐

Are you currently taking any medications? (including oral contraceptives) Yes ☐ No ☐

Do you carry any infectious disease such as Hepatitis B or the HIV virus in your blood? Yes ☐ No ☐

If you have ticked any of the above, give full details including names of any medication ______________

REHABILITATION of Offenders Act 1974 (exceptions) Orders 1975

Because of the nature of the work for which you are applying, this programme is exempt from the provision of Section 4 (sub-section 2/3) of the Rehabilitation of Offenders Act 1974, and you are therefore not entitled to withhold information about convictions which for other purposes are "spent" under the provisions of the Act and, in the event of participation, any failure to disclose such convictions could result in termination of contract.

Have you ever been convicted of a criminal offence, or are you are present the subject of criminal charges? Please tick: Yes ☐ No ☐

If YES, give full details ______________

The above information is correct to the best of my knowledge and I hereby give permission for emergency medical care to take place should it be necessary. I understand and agree that American Host Families may have access to this Medical Report. I also give permission to the Doctor completing Part B to review all my responses to Part A of this form and to discuss them, if requested to do so by Au Pair in America. The Doctor is also authorised by me to provide or discuss additional medical and personal information as required by Au Pair in America. I also understand that in an emergency situation, Au Pair in America has the right to contact my next of kin without my prior consent. I understand that withholding or falsifying any information may result in me being withdrawn from the programme. I have read the insurance leaflet provided and understand the covered benefits and exclusions.

Au Pair's Signature ______________ Date ______________

If you have not received insurance information from your interviewer or have any questions, please contact your interviewer/local office or the London office. Remember to keep a copy of your fully completed medical form to take with you to the US.

au pair in AMERICA

Membership no

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NAME OF APPLICANT – AS IT APPEARS IN PASSPORT

Last Name | First Name | Other Initials

PART B – to be completed by Doctor

Are you related to the applicant? No ☐ Please note relatives may not complete this form.

As an au pair in America, the applicant will be living for an extended period of time in the home of a family with young children. It is therefore important that we are advised of any physical, mental or emotional health problems or family history issues which may have a bearing on the applicant's ability to carry out his/her duties appropriately. Please note that withholding or falsifying any information may result in the applicant being withdrawn from the programme.

Please review the information provided in **PART A** and give your opinion of the applicant's general state of health

excellent ☐ good ☐ fair ☐ poor ☐

Please ensure that the applicant is currently immunised/tested against the following:

tetanus Yes ☐ Date ____________ measles Yes ☐ Date ____________

mumps Yes ☐ Date ____________ German measles (rubella) Yes ☐ Date ____________

tuberculin test Yes ☐ Date ____________ Result Negative ☐ Positive ☐

Please also indicate whether the applicant has been immunised against the following:

typhoid Yes ☐ No ☐ Date ____________ diphtheria Yes ☐ No ☐ Date ____________

polio Yes ☐ No ☐ Date ____________ whooping cough Yes ☐ No ☐ Date ____________

Tick the appropriate box if there are any abnormalities to the following systems:

ears, nose and throat ☐ eyes ☐ neuropsychiatric ☐ respiratory system/lungs ☐ genitourinary ☐

skin ☐ cardiovascular ☐ musculoskeletal ☐ brain, nervous system ☐ gastrointestinal ☐

metabolic ☐ other ☐ ____________

If you have ticked any of the above, give details and dates ____________

Is the applicant, to the best of your knowledge, a likely carrier for any infectious disease, such as Hepatitis B or C, or the HIV virus (the applicant does not need to be tested)? Yes ☐ No ☐ If yes, give details ____________

Eating disorders are a serious problem for the au pair and host family. Have you noticed any changes in weight or eating habits for the applicant that may give rise to concern regarding an eating disorder? Yes ☐ No ☐ If yes, give details and dates ____________

Is the applicant currently or has the applicant ever been treated/counselled or received medication for a nervous condition, eating disorder, depression or emotional problem? Yes ☐ No ☐ If yes, give details and dates and comment on the applicant's present emotional well being

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NAME OF APPLICANT – AS IT APPEARS IN PASSPORT

Last Name ______ First Name ______ Other Initials ______

Have you any knowledge that the applicant has ever been a victim of physical, emotional or sexual abuse? Yes ☐ No ☐ If yes, please comment

Does the applicant have any history of physical, emotional or sexually related problems that you might wish an American family to know as they consider whether the applicant is a suitable person to live in their home and care for their small children for a year? Yes ☐ No ☐

If yes, please comment

Is there any history of nervous or emotional problems, depression or abuse (sexual, emotional or physical) in the applicant's family background?

Yes ☐ No ☐ If yes, give details and dates

Has the applicant, to the best of your knowledge, ever had any criminal convictions or charges filed against them? Yes ☐ No ☐

If yes, please give full details

How long have you known the applicant?

Please use this space to give any additional relevant information

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I have examined ☐ and/or reviewed medical notes of ☐ *(tick as applicable)* **the above named applicant and I find her/him to be capable of benefiting from and fully participating in the Au Pair in America Programme.**

Name of Doctor

Address

Telephone No ______ Office hours ______

Do you speak English? Yes ☐ No ☐ If no, did you fully understand all the questions asked on this form? Yes ☐ No ☐

Signature ______ Date ______

Please add the address stamp or seal of the practice to the Doctor's signature.