

## **MEDICAL REPORT**

Please print or email a copy of this document and have your medical practitioner fill out and sign. You must send the original copy to Au Pair Link. We also recommend printing a copy of this Medical Report for your own records.

Applicant name \_\_\_\_\_  
 Doctor name \_\_\_\_\_ Name of practice \_\_\_\_\_  
 Address \_\_\_\_\_  
 Postal code \_\_\_\_\_ Country \_\_\_\_\_ Phone \_\_\_\_\_  
 Fax \_\_\_\_\_ Email \_\_\_\_\_

## **THE APPLICANT'S HEALTH**

Check the appropriate box or boxes.

1. Does the applicant suffer from, or has the applicant ever had any of the following conditions?

Allergies	Anaemia	Anorexia	Appendicitis
Arthritis	Asthma	Bulimia	Chicken Pox
Depression	Diabetes	Dizziness/fainting	Eye problems
Epilepsy	Glandular fever	Heart disease	Hepatitis
Hernia	Herpes	Kidney disease	Malaria
Measles	Menstrual problems	Miscarriage	Migraine/headaches
Nervous illness	Rheumatic Fever	Rubella	Scarlet fever
Tuberculosis	Venereal disease	Ulcers	

If you checked any of the boxes above, please provide dates and details for each instance.

2. Please indicate if the applicant has received the following immunisations:

A response is required for each category - yes or no.

Tetanus	Yes	No	Date:
Typhoid	Yes	No	Date:
Measles	Yes	No	Date:
Diphtheria	Yes	No	Date:
Whooping cough	Yes	No	Date:
Tuberculin test	Yes	No	Date:
Rubella	Yes	No	Date:
Polio	Yes	No	Date:

3. To the best of your knowledge, is the applicant a carrier of any infectious diseases (e.g HIV or Hepatitis B)?

Yes No

If you answered 'Yes' to the above question, please give dates and details as applicable.

4. Is the applicant currently, or has the applicant ever, to the best of your knowledge, received treatment or counselling for any type of eating disorder/s, nervous disorder/s, depression or another kind of emotional/psychological condition?

Yes No

If you answered 'Yes' to the above question, please give dates and details as applicable.

5. Has the applicant ever, to the best of your knowledge, been treated for self harming? Does the applicant exhibit any cuts on their arms or legs that could imply that there has been some history or self-harming?

Yes No

If you answered 'Yes' to the above question, please give details.

6. Does the applicant, to the best of your knowledge, have any history of physical, emotional or sexual abuse? Please note that the applicant will be caring for children and therefore it is imperative that this information is accurate.

Yes No

If you answered 'Yes' to the above question, please give details and dates as applicable.

 **DISCLAIMER**

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