

**Physician's Report Form**

**Part A (to be completed by the Applicant)**

|   |                                      |
|---|--------------------------------------|
| First Name _____<br>(姓) _____   | Family Name _____<br>(名) _____       |
| Nationality: _____<br>(国籍) _____  | Date of Birth: _____<br>(出生日期) _____ |
| Home Address: _____<br>(家庭住址) _____   |                                      |
| Gender: _____<br>(性别) _____   | Home phone: _____<br>(家庭电话) _____    |
| Passport number (护照号): _____  |                                      |
| Height: _____<br>(身高) _____   | Weight: _____<br>(体重) _____          |
| Are you covered by any Insurance (有无购买保险): <input type="checkbox"/> Yes (是) <input type="checkbox"/> No (否)<br>If yes, please provide the name of the insurance, the provider, the expiration date) (如果有, 请提供保<br>险名称、保险人, 过期时间): _____ |                                      |
| Is your physical activity restricted in any way (有无任何身体上的限制)? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, please explain (如果有, 请解释): _____  |                                      |

**Part B (to be completed by the Physician) (以下内容由医生填写)**

As an Au Pair, the applicant will be living for an extended period of time in the home of a family with young children or elders. It is therefore important that we are advised of any physical or mental health issues that may have a bearing on the Applicant's ability to participate.  
(请注明任何关于申请人的身体、精神健康会妨碍他/她履行互惠生职责的问题)

Please indicate whether the Applicant has been immunized against the following:  
(申请人是否接种过以下疾病疫苗)

|                               | Date of immunization         |                             |
|-------------------------------|------------------------------|-----------------------------|
| Tetanus (破伤风)                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Diphtheria (白喉)               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Polio (小儿麻痹症)                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Measles (麻疹)                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Mumps (腮腺炎)                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| German measles (rubella) (风疹) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Typhoid (伤寒症)                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Tuberculin test (结核病)         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Whooping cough (百日咳)          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Did the au pair applicant ever suffered:

|  |            |                              |                             |
|--|------------|------------------------------|-----------------------------|
| Anorexia or Bulimia  | (厌食症或暴食症)  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Any kind of addiction such as alcohol or drugs<br>(成瘾症, 例如酒精成瘾或毒品成瘾) |            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Arthritis  | (关节炎)      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Asthma   | (哮喘)       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Chicken pox  | (水痘)       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Depression   | (抑郁症)      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Diabetes   | (糖尿病)      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Eating disorder  | (饮食障碍症)    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Emotional problems   | (情绪问题)     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Epilepsy   | (癫痫症)      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hepatitis (any kind)   | (肝炎, 任何种类) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hernia   | (疝气)       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Herpes   | (疱疹)       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Measles  | (麻疹)       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Migraine   | (偏头痛)      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Mumps  | (腮腺炎)      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Polio  | (小儿麻痹症)    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Scarlet fever  | (猩红热)      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Allergies  | (过敏症)      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Any other disease  | (其他疾病)     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you have answered yes to any of the above, please give full details here: (上面表格里如果有选是的, 请在此处给出详细解释)

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I confirm that the au pair applicant is in good general physical and psychological health, that an ordinary clinical examination has shown no definite symptoms of illness, and that she/he does not suffer from any infectious or chronic disease, there is no objection to him/her associating with children. (兹证明申请人身体和精神健康, 体检结果已经显示申请人目前没有确定的疾病症状, 没有传染性或慢性疾病, 可以与孩子接触。)

Doctor's Signature and stamp (医生签名) \_\_\_\_\_ Date (日期) \_\_\_\_\_

To the best of my knowledge this doctor is qualified and licensed to practice medicine.

Office verified: \_\_\_\_\_ Date \_\_\_\_\_

*\*Once the au pair arrives in China, further medical examinations might be required to obtain certain kinds of visa.*