

Medical Certificate

This is to certify that:

Name: _____

Is in good general physical and psychological health, and that an ordinary clinical examination has shown no definite symptoms of illness.

Please state below any medical conditions that should be taken into account when considering his/her application to become an au pair in the United Kingdom, i.e. asthma, allergies, diabetes, eating disorders, etc.

Date: _____

Place: _____

Doctor's name: _____

Signature: _____

Clinic stamp: