



Au-pair- Beratung und -Vermittlung
Ewa Balonis

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AU PAIR



MEDICAL CERTIFICATE

Please print clearly with dark ink!

First Name _____

Last Name _____

Address _____

Country _____

Date of birth ___ / ___ / ____ (dd/mm/yyyy)

The candidate named above has applied for participation in an Au Pair Exchange Program in New Zealand. If accepted for programme participation, the applicant will spend several months with a New Zealand Host Family, living in their home and providing childcare assistance.

Has the applicant had the following illnesses/conditions?

- | | | | |
|-----------------|--|-----------------|--|
| ASTHMA | <input type="checkbox"/> Yes <input type="checkbox"/> No | EPILEPSY | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| DIABETES | <input type="checkbox"/> Yes <input type="checkbox"/> No | RHEUMATIC FEVER | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| HAYFEVER | <input type="checkbox"/> Yes <input type="checkbox"/> No | ALLERGIES | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| NERVOUS ILLNESS | <input type="checkbox"/> Yes <input type="checkbox"/> No | DRUG PROBLEM | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| EATING DISORDER | <input type="checkbox"/> Yes <input type="checkbox"/> No | OTHER _____ | |

Please give full information (including dates and details) about every illness/condition mentioned ('Yes' response) for any of the above listed questions.

Is the applicant taking medication? If so, please state for what ailment.

In my professional opinion the general state of the applicant's health is (tick one):

- Excellent Good Fair Poor

Comments:

DOCTOR'S STAMP AND SIGNATURE

Date ___ / ___ / ____ (dd/mm/yyyy)