

AU-PAIR WORLD AGENCY SWEDEN

Museigatan 2, SE-451 50 Uddevalla, SWEDEN

www.aupairsweden.com

AU-PAIR

MEDICAL CERTIFICATE

First name:.....

Last name:.....

Address:.....

Telephone number:.....

Date of birth:.....

To be filled out by the physician:

Are there any medical reasons against the patient going abroad as an Au Pair?

Yes No

If yes, please explain:

.....
.....
.....

Does the patient suffer from any allergies? If yes, which ones:

.....
.....
.....

Comments: (Please include any details that you feel are important to know before the applicant is placed as an Au Pair in a host family abroad):

.....
.....
.....

**I hereby certify, to the best of my knowledge, that the above applicant is completely healthy,
both physically and mentally.**

Physician s name:

.....

Signature of Physician:.....

Date of examination:.....

Physicians stamp: