GreatAuPair Medical Evaluation Form

GreatAuPair is a full-service au pair agency that has been providing affordable live-in childcare to American families through carefully screened international au pairs since 2001. As part of our screening process, we require that each au pair provide a complete medical history that is verified by a physician. If you do not speak English, please complete the form in your native language.

Name of applicant au pair

First Name:
Last Name:
City, Country:

Physician completing this form

Physician Name:
Contact telephone:
Street address:
City, Province, Postal Code, Country:

Summary of Medical History

Please provide the following information about the candidate's medical history.

Does this candidate have any current health problems? ☐ Yes ☐ No

If yes please explain:

Does this candidate take any medications prescribed by you or another doctor?

☐ Yes ☐ No

If yes please explain

Has this candidate been previously hospitalized? ☐ Yes ☐ No

If yes please explain why and when

Has this candidate ever had psychological or psychiatric counseling? ☐ Yes ☐ No

If yes please explain why and when

Does this candidate have any contagious diseases? ☐ Yes ☐ No

If yes please explain

Does this candidate have an alcohol or drug dependency? ☐ Yes ☐ No

If yes please explain

Has this candidate ever had a disease or abnormality of the following:

☐ Auto-Immune system	☐ Bones or joints	☐ Locomotive system	☐ Blood
☐ Brain or nervous system	☐ Ears or hearing	☐ Eyes or sight	☐ Heart
☐ Lungs or respiratory	☐ Abdominal organs	☐ Stomach or digestive	☐ Skin
☐ Tonsils, nose or throat	☐ Genitourinary systems	☐ Other	

If Other please explain

If yes to any of the above, please provide more information including dates.

Has this candidate ever had the following:

☐ Allergies	☐ Anorexia	☐ Appendicitis	☐ Asthma	☐ Bulimia
☐ Chicken pox	☐ Cold sores	☐ Depression	☐ Diabetes	☐ Dizziness
☐ Epilepsy	☐ Hepatitis A	☐ Hernia	☐ HIV/AIDS	☐ Headaches/Migraines
☐ Hepatitis B	☐ Hepatitis C	☐ Measles	☐ Mumps	☐ Meningitis
☐ Rubella	☐ Scarlett fever	☐ Skin conditions	☐ Vertigo	☐ Mental or nervous disorder
☐ Tuberculosis	☐ Typhoid fever	☐ Ulcer	☐ Cancer	☐ Other (please explain)

If yes to any of the above, please provide more information including dates.

Does this candidate have any dietary restrictions?

☐ Not restricted ☐ Gluten-free ☐ Vegetarian ☐ Vegan ☐ No eggs

☐ No red meat ☐ No meat or fish ☐ Some food allergies ☐ Kosher ☐ No dairy

Does this candidate have any allergies to animals or food?

Animals

☐ Dogs ☐ Cats ☐ Other animals

Foods

☐ Gluten ☐ Dairy ☐ Shellfish ☐ Eggs ☐ Soy

☐ Tree nuts ☐ Yeast ☐ Other foods ☐ Fish

If "Other", please explain.

Does this candidate have any environmental allergies?

☐ Pollen ☐ Dust ☐ Weeds/Grass ☐ Smoke ☐ Mold ☐ Other

If "Other", please explain.

Please tell us about any other health issues or concerns.

What is this candidate's current height (cm)?

What is this candidate's current weight (kg)?

How would you describe this candidate's health?

☐ Excellent ☐ Good ☐ Fair ☐ Poor

Are there any other medical conditions or concerns that you are aware of?

Do you believe that this candidate is physically fit and able-bodied to care for children full-time in the USA as an au pair caring for children up to 45 hours per week? ☐ Yes ☐ No

Please provide any additional comments you think would be helpful in evaluating this candidate's application.

Immunization History

Please indicate whether the applicant has been immunized against the following:

Tetanus	☐ Yes	☐ No	Date: _____
Diphtheria	☐ Yes	☐ No	Date: _____
Polio	☐ Yes	☐ No	Date: _____
Measles	☐ Yes	☐ No	Date: _____
German measles (Rubella)	☐ Yes	☐ No	Date: _____
Typhoid	☐ Yes	☐ No	Date: _____
Tuberculin test	☐ Yes	☐ No	Date: _____
Mumps	☐ Yes	☐ No	Date: _____
Whooping Cough	☐ Yes	☐ No	Date: _____

Physician's Name _____

Physician's Signature _____ Date _____

Physician's Stamp (Required)