**MEDICAL REPORT - TEMPLATE**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| I am a qualified medical practitioner authorised to provide a medical report for:   |  |  | | --- | --- | | NAME  (“the Applicant”) |  | | APPLICANT’S  ADDRESS |  | | APPLICANT’S  DATE OF BIRTH |  | | | | | | | |
| I have accessed the Applicant’s medical records for the purposes of completing this report. | | | | | | |
| Has the Applicant ever been diagnosed or suffered from any of the following:   |  |  |  |  | | --- | --- | --- | --- | |  | Yes | No | Not Applicable | | Anxiety |  |  |  | | Stress |  |  |  | | Depression |  |  |  | | Illegal Drug Problems |  |  |  | | Epilepsy |  |  |  | | Asthma |  |  |  | | Diabetes |  |  |  | | Allergies |  |  |  | | Fainting/Blackouts |  |  |  | | Pregnant |  |  |  | | | | | | | |
| If you have answered “Yes” to any of the above, please provide details: | | | | | | |
| Does the Applicant suffer with any other condition or disease which you consider relevant to his/her ability to work as an Au Pair? | | | | | | |
| In your professional opinion, is the Applicant fit to work with children? | | | | | | |  |  | | --- | --- | |  | Yes | |  | No | |
| **I confirm that SHS may contact me in connection with this medical report.** | | | | | | |
| Doctor’s Name: |  | | Telephone: | |  | |
| Address: |  | | Email: |  | | |
|
|  | |
| Signature: |  | | Date: |  | | |