**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: |  |