

8. Does the patient have any history or symptoms of an eating disorder such as anorexia, bulimia or other similar conditions? Yes No If yes, please explain:

9. Does the patient present any history or symptom of nervous, emotional, or mental abnormality (i.e. neurosis, nervous breakdown, nervous fatigue, recurrent nightmares, panic attacks, etc.)? Yes No If yes, please explain:_____

10. Does this patient suffer from any chronic conditions (i.e. asthma, arthritis, diabetes, epilepsy, chronic fatigue, etc.)? Yes No If yes, please explain:_____

11. Has this patient ever been the victim of physical or sexual abuse? Yes No If yes, please explain:_____

12. Is there any reason why this patient should not care for children? Yes No If yes, please explain:_____

13. Is there anything more you would like to tell us about this patient? Yes No If yes, please explain:_____

14. In my expert opinion, the general state of the patient's health is: Excellent Good Fair Poor

**I, the undersigned, have given a thorough physical examination and reviewed the medical history of the patient.
I certify that the above information is complete accurate to the best of my knowledge.**

Physician's Name: _____

Phone Number: _____

Place Physician Stamp Here
(or affix business card)

Signature: _____

Date: _____/_____/_____ (month/day/year)

Emergency Operation Release/Waiver (This section must be signed by the au pair applicant)

If my medical condition changes (including pregnancy), between the time of signing this document and my departure to the USA, I understand that I am required to notify AuPairCare and resubmit another Physician Verified Medical History document prior to my arrival. I also understand that failure to adhere to this policy, will likely result in my immediate termination from the program.

My signature below indicates that the medical history provided is true and hereby give my full consent to be medically treated or to undergo any emergency operation which is determined by a doctor and may be necessary during my stay abroad. I also accept full responsibility for any medical expenses which are not covered by my insurance policy, and understand that pre-existing medical conditions will not be covered. I also give my full consent to release this information to potential host families.

Strong recommendations to the au pair: Travel Insurance does not include the cost of normal dental treatment that is not due to an accident. It is therefore important for any person traveling abroad to receive a thorough dental examination so that no unexpected complications arise during the period of residence abroad.

Au Pair Signature: _____ Date: _____

Print Name: _____