

BP 254 - Bâtiment Le Saxo
 Espace St Germain
 38202 Vienne cedex
 FRANCE
 04 37 02 17 64
 info@theenglishcorner.fr

MEDICAL CERTIFICATE

First Name & Surname: _____

Address: _____

Date of Birth: _____

This is to certify _____ does not, at the present time, suffer from any contagious diseases and is in good physical and mental condition. There are no medical objections to their stay as an aupair abroad.

(Je soussigné certifie que _____ ne présente aucune contre indication physique ou mentale et ne souffre d'aucune maladie contagieuse. Je ne perçois aucune contre indication à un séjour au pair à l'étranger)

TBC Date tested:	<input type="checkbox"/> negative <input type="checkbox"/> positive <input type="checkbox"/> non-tested	AIDS Date tested:	<input type="checkbox"/> negative <input type="checkbox"/> positive <input type="checkbox"/> non-tested
Hepatitis Date tested:	<input type="checkbox"/> negative <input type="checkbox"/> positive <input type="checkbox"/> non-tested	Tetanus Date tested:	<input type="checkbox"/> negative <input type="checkbox"/> positive <input type="checkbox"/> non-tested
Does the above mentioned patient have any chronic health problems? <small>La patiente a t-elle des problèmes de santé chroniques?</small>	<input type="checkbox"/> Yes. If yes, please describe. <small>Détailler</small>		<input type="checkbox"/> No
Is the above mentioned patient taking any medication? <small>La patiente prend t-elle un traitement actuellement</small>	<input type="checkbox"/> Yes. If yes, for what? <small>Détailler</small>		<input type="checkbox"/> No

Remarks: _____

_____ Place &

Date: _____ Stamp & signature of the doctor: _____

Merci de faire signer et tamponner ce formulaire par votre médecin