



Health Certificate for an AuPair Applicant

Name and surname of the AuPair applicant:
Birthday:
Place of Birth:
Nationality:
Address:

As the General Practitioner/Doctor I herewith confirm that there are **no known medical issues** which would affect the AuPair applicant looking and being responsible for children or caring out light household duties.

Comments:

Date: _____

Stamp and Address:

Signature: _____