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Medical certificate for Totalnannies Ltd Cultural Exchange program for Au pairs and Nannies.
To be completed by the candidate's Doctor/physician
Name of candidate:
Date of Birth:
Please give details of any physical disabilities:
Please give details of any present illnesses:
Please give details of any mental illnesses:
Please give details of any medication that the candidate is presently taking:
How long has this candidate been registered with you?
In your opinion is the candidate fit/healthy to work with children?
Name
Date
Signature
Doctor's stamp/full contact details must be completed: