

APA07: Medical Report Form

Part A (to be completed by the Applicant) (以下内容由申请人填写)

First Name (姓)	Family Name (名)
Nationality (国籍)	Date of Birth (出生日期)
Gender (性别)	Passport number (护照号)
Height (身高)	Weight (体重)
Home Address (家庭住址)	
Emergency Contact Information, please include name, relationship to applicant, mailing address, email, phone number (紧急情况联系人信息)	
For the duration that you plan to au pair in China, are you covered by any insurance other than that provided by LoPair (有无除乐培提供的其他保险): <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please provide the name and type of the insurance, the provider, the expiration date) (如果有, 请提供保险名称、种类, 保险供应商, 过期时间):	
Do you have any pre-existing medical conditions, disabilities or is your physical activity restricted in any way (有无任何身体行动上的限制)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain using extra paper if required (如果有, 请解释):	

I confirm that I have disclosed all pre-existing health conditions and recognise that Lopair hold no responsibility towards the cost of health care or early return home in the case of illness.

Applicant Signature _____ Date _____

Part B (to be completed by the Physician) (以下内容由医生填写)

As an Au Pair, the applicant will be living for an extended period in the home of a family with young children or elders. It is important that we are advised of all physical/mental health issues that may have a bearing on the Applicant's ability to participate. (注明任何可能会妨碍申请人在华履行互惠生职责的信息)

Please indicate whether the Applicant has been immunized against the following: (申请人是否接种过以下疾病疫苗)			
			Date of immunization (接种时间)
Tetanus (破伤风)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Diphtheria (白喉)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Polio (小儿麻痹症)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Measles (麻疹)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Mumps (腮腺炎)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
German measles (rubella) (风疹)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Typhoid (伤寒症)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Tuberculin test (结核病)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Whooping cough (百日咳)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
other immunized items if any (其他)			

Doctor's Signature and Stamp (签章) _____ Date (日期) _____

Has the Au Pair applicant ever suffered from: (互惠生是否曾有以下病患)

Anorexia or Bulimia (厌食症或暴食症)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any kind of addiction such as alcohol or drugs (成瘾症, 如酒精或毒品成瘾)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Arthritis (关节炎)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Asthma (哮喘)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Chicken pox (水痘)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Depression (抑郁症)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diabetes (糖尿病)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Eating disorder (饮食障碍症)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Emotional problems (情绪问题)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Epilepsy (癫痫症)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hepatitis (any kind) (肝炎, 任何种类)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hernia (疝气)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Herpes (疱疹)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Measles (麻疹)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Migraine (偏头痛)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mumps (腮腺炎)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Polio (小儿麻痹症)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Scarlet fever (猩红热)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Allergies (过敏症)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
HIV (艾滋病毒)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any other disease (其他疾病)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you have answered yes to any of the above, please give full details including dates if possible here: (上表里如有选是的, 请在此处给出详细解释说明):		
Is the applicant currently or recently been treated / counseled for a nervous condition, depression or emotional disorder? (该申请人现在或最近是否有接受或咨询关于紧张、沮丧、情绪紊乱的治疗):		
How long have you treated this patient? (您作为该申请人的医生已有多长时间):		
Doctor's Print Name:	Address:	
Telephone:	Email:	

I confirm that the au pair applicant is in good general physical and psychological health, and that an ordinary clinical examination has shown no definite symptoms of illness that she/he does not suffer from any infectious or chronic disease, there is no objection to her/him associating with children. 我证明申请人身体和精神健康, 常规体检结果已显示申请人目前没有确定的疾病症状, 没有传染性或慢性疾病, 可以与孩子接触。

For office uses:

To the best of my knowledge this doctor is qualified and licensed to practice medicine.

Verified by International Partner / Overseas Representative:

Date: