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Medical Certificate

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|--|
| Fullname: |
| This is to certify that the above mentioned patient does not, at the present time, suffer from any contagious diseases and that she/he is in good physical and mental health. From a medical point of view, I have no objection against her/him going abroad to look after small children: |
| Does the above mentioned patient have any chronic health problems? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please describe</i> |
| Does the above mentioned patient take any medication? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, for what? Please describe</i> |
| Any other medical considerations? |

Place and Date

Stamp and Signature of the GP
