Demi Pair Student Medical Check Form

IMPORTANT

This medical check is required by an individual applying to participate in a Demi Pair program in Australia. A Demi Pair provides care to children and is responsible for the safety and well-being of the children in their care. The applicant must be physically and mentally fit, alert and able to respond accordingly.

- The information provided in this form will determine the applicant's suitability to the Demi Pair program
- Information provided in this form will be held in accordance to the **Privacy Act 1988** and the IH Information Policy

FULL NAME OF APPLICANT			
DATE OF BIRTH		**SEX (M/F)**	
HEIGHT (CM)		**WEIGHT (KG)**	

Does the applicant have any current health conditions that would require treatment in Australia?
Does the applicant take any medication (excluding contraception)?
Has the applicant ever received treatment for a mental illness? (e.g. depression, anxiety)
Has the applicant ever had an eating disorder? (e.g. anorexia, bulimia)

Is the applicant's vision normal?	Yes	No	Does the applicant wear glasses?	Yes	No	Does the applicant wear contact lenses?	Yes	No

Does the applicant have current, routine vaccinations?			
MMRV (Measles, Mumps, Rubella, Varicella/Chicken Pox)	Yes	No	Date if known (MM/YYYY)
Meningitis	Yes	No	Date if known
Influenza (Flu)	Yes	No	Date if known
DPT (Diphtheria, Tetanus)	Yes	No	Date if known

Medical History								
	Y	N		Y	N		Y	N
Diabetes			High Blood Pressure			Stress		
Epilepsy			Low Blood Pressure			Eczema/Dermatitis		
Anemia			Hay fever			Anxiety		
Seizures			Thyroid Dysfunction			Back Pain		
Migraines			Asthma			Anorexia		
Bulimia			Depression			IBS		

Are you aware of any medical conditions that would prevent or be otherwise contraindicated in the context of the applicant from partaking in activities related to childcare or housework? (e.g. affecting mobility or lifting)

How would you describe the candidate's overall health? (please tick)			
Excellent	**Good**	**Fair**	**Poor**

Physician's Details	
Physician's Name	
Physician's stamp / signature **Date of examination**	