

## Medical Examination Form for American Nanny Company Applicants

**Please have your physician complete this form, and return it to American Nanny Company using the instructions below.**

This is to certify that I have examined \_\_\_\_\_, nanny candidate, and find no conditions that would interfere with her/his ability to perform the duties of nanny with the exception of the following:

Date Mantoux given: \_\_\_\_\_

Date Mantoux read: \_\_\_\_\_

Results: \_\_\_\_\_

I further find no indication of any condition which could present a possible hazard to the health of the children and/or other family members.

Physician's name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Signature of physician: \_\_\_\_\_ Date: \_\_\_\_\_

If you have any questions please call us at 1-800-262-8771.

### **INSTRUCTIONS:**

*Please print this form, have your physician complete this form and send it back to the American Nanny Company using one of the following methods:*

**U.S. Mail:** American Nanny Company *or* **Fax:** 1-617-969-1269  
PO BOX 765 Newtonville Branch  
Boston, MA 02460