



Medical Examination Form

To be Completed by the Applicant:

Name _____ Birth Date ____/____/____ Sex _____ Age _____

Health History (please circle and give approximate dates)

Anorexia	Ear infections	Chicken Pox	Bulimia	Rheumatic Fever
Measles	Dyslexia	Convulsions	German Measles	Psychological Counseling
Epilepsy	Mumps	Diabetes	Asthma	

Allergies: Hay Fever / Ivy Poisonings / Insect Stings / Penicillin / Other: _____

Operations or Serious Injuries _____

Chronic or Recurring Illness _____

To be Completed by a Physician:

The applicant will be participating in our Israel program. As a member of the program he/she will participate in physical activities (including hiking and climbing) in very hot weather. Indication of problems does not necessarily disqualify a student from participation. All information in this form will be treated confidentially.

Immunization History:

DPT Series _____	Booster _____	Tetanus Booster _____
Polio OPV (Sabin) _____	Booster _____	Typhoid _____
German Measles _____		Mumps Vaccine (live) _____
Smallpox _____		Other _____

Medical Examination: (Code: S-Satisfactory X-Not Satisfactory O-Not Examined)

Ht. _____	Wt. _____	B.P. _____	Hgb. Test _____	Urinalysis _____
Eyes _____	Ears _____	Nose _____	Extremities _____	Posture _____
Throat _____	Teeth _____	Heart _____	Allergy: _____	
Lungs _____	Abdomen _____	Skin _____		

Special Considerations: _____ General Appraisal: _____

Recommendations or restrictions: (diet, medicine or injections, restrictions on activity, and exposure to sun and heat)

Is there any congenital malformation now existing that may require special treatment or consideration? Yes / No

Explain _____

Is there any history of emotional disturbance in the applicant? Yes / No

Has he/she shown any:

- a) Difficulties in relationships with parents, authority figures, persons of his/her own age? Yes / No
- b) Behavioral disorders? Yes / No
- c) Mood swings, depression, sleep disorders, unusual degree of anxiety, fear or guilt? Yes / No

Explain _____

Has the applicant been to a psychiatrist in the last four years? Yes / No

Has the applicant been involved in psychological therapy? Short-term: Yes / No Long-term: Yes / No

To your knowledge is there any history of drug/alcohol related problems? Yes / No

Explain _____

I have examined the person herein described and have reviewed his/her health history. It is my opinion that he/ she is physically able to engage in the program's activities except as noted above.

Examining Physician _____ Signature _____

Phone Number (____) _____