

# MEDICAL EXAMINATION FORM

Please note that the Doctor must sign the form in the specified places for it to be valid and acceptable.

## NOTES TO THE EXAMINING DOCTOR AND THE APPLICANT/LEGAL GUARDIAN

1. The new and strenuous environment, each participant will face, will tax his/her physical and mental capabilities to the fullest. It is imperative, as a safeguard to the health of the participant, that this report be as complete and precise as possible.

2. Participants will be touring and working in a sub-tropical climate, with temperatures reaching 100 degrees Fahrenheit in the shade. The climate is mostly dry, with semi-arid conditions over a large part of the country.

3. Most participants will be living in a communal environment. They will be sleeping in a dormitory or sharing living quarters with other people and eating in communal dining facilities.

4. The participant's activities will include physical activity in the sun (mainly sports) Participants will also be carrying out voluntary work in a development town, and living in self-catering student flats. They will also be expected to participate in a number of tours of the country, which will involve hiking long distances, climbing and other strenuous activities.

5. You should also bear in mind that medical facilities available for participants would only cover acute illness and accidents. There are no facilities available within the framework for the treatment of chronic disturbances. Medical care will very often be entrusted to fully trained para-medical personnel, although a doctor will always be available and on call as will the local hospital(s). When necessary, the patient may be transferred to Jerusalem for specialised medical treatment and where indicated may later be returned to the country of origin for further treatment. Dental, optical or gynaecological treatments are not included and will be arranged at the participant's expense.

6 .a) This form should be filled out by a doctor who has known the applicant for at least 18 months prior to the filling out of the form. In addition, any applicant who has been under the care of a specialist (for example, cardiologist, neurologist, psychiatrist, psychologist, social worker etc.) must submit a written detailed report from the specialist giving complete diagnosis, prognosis and evaluation.

b) If an applicant requires therapy, treatment, or to continue receiving medicines and drugs while under the auspices of the programme, s/he should have a medical letter giving full details. Since very often, medicine is not available under the same trade name as in the country of origin; the full pharmacological name of all medicines and drugs used by the patient should be given. However, such medication will be the responsibility of the applicant.

c) If any changes take place in the applicant's health following submission of the form, the applicant must submit a full, explanatory medical letter detailing diagnosis, prognosis, and treatment. Failure to submit such letter may result in expulsion of the applicant from his/her programme without any refund.

6. Tlalim will rely on this completed form and any supplementary letters in making determinations of acceptance for or continuation of the applicant in the programme. Omissions or mis-statements are at the risk of the applicant and his/her doctor, surgeon, psychiatrist, psychologist, or social worker.

8 .The information on this report form, and all supplementary letters and reports on the physical, mental or psychological condition of the applicant shall be held by the as strictly confidential by Tlalim.

**9 . Should any participant upon arrival in Israel, or during his/her stay, be found to be suffering from any condition, mental or physical, that is not fully disclosed in this medical form or in any accompanying letter from a qualified professional, then she/he may, at the sole and absolute discretion of Tlalim, be returned to his/her place of origin at the participant's own expense, and there shall be no refund of money paid for the programme. Tlalim and its representatives are thereby released of all liability of any kind whatsoever arising out of any aspect of such participant's medical history and mental or physical condition.**

**10 The medical insurance provided by Tlalim or its representatives in Israel will not cover any treatment necessitated by the reoccurrence of any chronic affliction, or any illness or ailment suffered by the participant prior to arrival in Israel, except for a sudden and unforeseeable worsening of such condition. Tlalim and its representatives will bear no liability for costs incurred as a result of such chronic condition or pre-existing illness or ailment.**

**11 The medical insurance provided by IBC, Tlalim will not cover pre-existing medical condition and the Applicant will be required to take out independent medical insurance cover for the duration of the programme.**

## PHYSICAL EXAMINATION: (To be completed by your DOCTOR)

Name of patient : \_\_\_\_\_

	<b>normal</b>	<b>Abnormal</b>	<b>Describe abnormality</b>
Head			
General Build			
Neck			
Ears			
Eyes			
Teeth			
Mouth, Throat			
Chest, Lungs			
Heart			
Vascular System BP			
Abdomen and Viscera			
Hernia			
G.I. System			
G.U. System			
Upper Extremities			
Lower Extremities			
Spine			
Skin, Lymphatic			
Nervous System			

Height : _____	Weight : _____
Urinalysis	Albumen
Sugar	VDRL
<b>Vision:</b>	
Right – Without Correction	Left – Without Correction
Corrected to	Corrected to
<b>Hearing:</b>	
Right	Left
<b>Menstrual history:</b>	
Regular or irregular	Date of Last Menstrual Period
Any Gynaecological disturbances?	

**Any other relevant information:**

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**Is full physical activity possible?**

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**Any special restrictions:**

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**Special dietary requirements:**

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**Specific Recommendations**

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**Is there any history of psychological or psychiatric care? If yes, give details.**

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**Has the participant been advised to have counselling, psychotherapy or other psychic care? If yes, please provide details.**

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**Has the participant suffered from chronic illness, ill health, undergone an operation or serious injury over the past 5 years? Please provide details.**

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# DOCTOR'S STATEMENT

I have read the 'Notes to the Examining Doctor' and thereafter have examined Mr/Ms \_\_\_\_\_ and have recorded the results above, which represent to the best of my knowledge, the applicant's entire medical history and my findings on examination. In my opinion the applicant is CAPABLE / INCAPABLE of participating in the long-term programme in Israel(including hiking) as outlined in the Notes. I have known the applicant for \_\_\_\_\_ years. I understand that Tlalim and its representatives in Israel will rely on my above report and findings.

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

Post code : \_\_\_\_\_

Tel. No. : \_\_\_\_\_

Fax No. : \_\_\_\_\_

Doctor's  
Signature : \_\_\_\_\_ date: \_\_\_\_\_

Surgery Stamp

