

Medical Examination Form
International School
University of Haifa

Part 1: To be completed by applicant

Student's Name: _____ E-mail Address: _____

Passport #: _____

Medical History: Please check all that apply and include dates

_____ Heart Disease (including Rheumatic Fever) ___ / ___ / ___

_____ Gastrointestinal Disease (including ulcer) ___ / ___ / ___

_____ Liver Disease ___ / ___ / ___

_____ Kidney Disease ___ / ___ / ___

_____ Mental Disease (including depression) ___ / ___ / ___

_____ Neurological Disease (including epilepsy) ___ / ___ / ___

_____ Lung Disease (including asthma) ___ / ___ / ___

_____ Diabetes ___ / ___ / ___

_____ Tuberculosis ___ / ___ / ___

_____ Anemia ___ / ___ / ___

_____ Hernia ___ / ___ / ___

_____ Hypertension ___ / ___ / ___

_____ Eating Disorder ___ / ___ / ___

Other diseases not listed above (including dates): _____

Detail major operations and/or hospitalizations (including dates): _____

Detail all allergies and drug reactions: _____

Applicant's Statement:

I hereby certify to the best of my knowledge that the above medical information is correct. I understand that any illness suffered prior to arriving in Israel that has not been described on this medical form may result in my return to my country of origin at my own expense, or result in my treatment in Israel at my own expense. I affirm that I am not addicted to illegal substances (such as narcotics) and I understand that my use of such illegal substances may be grounds for my dismissal from the International School and the University of Haifa.

**Note to applicant: If the answer is "yes" to any of the questions on page 3, please provide us with a letter of explanation from your therapist or psychiatrist. This information will be treated confidentially.*

Signature of applicant: _____ Date: _____

Signature of parent or Guardian (for under 18's): _____ Date: _____

Medical Examination Form
International School
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Part 2: To be completed by a licensed physician who is not related to applicant

Student's Name: _____ E-mail Address: _____
Social Security #: _____ Passport #: _____

Notes to the Examining Physician: Your medical report is necessary for our evaluation of the student's application. Any applicant who has been under the care of a specialist must submit a detailed report giving complete diagnosis, prognosis, and evaluation. If any changes arise in the applicant's condition within 10 days before departure, please submit an explanatory medical letter. This information will be treated confidentially.

Physical Health

	Normal	Abnormal	Describe Abnormality
Hearing	_____	_____	_____
Vision	_____	_____	_____
Chest, Lungs	_____	_____	_____
Heart	_____	_____	_____
Vascular System	_____	_____	_____
Abdomen	_____	_____	_____
G.I. System	_____	_____	_____
G.U. system	_____	_____	_____
Upper Extremities	_____	_____	_____
Lower Extremities	_____	_____	_____
Spine	_____	_____	_____
Nervous System	_____	_____	_____
Mental State	_____	_____	_____

Height: _____ Weight: _____

Current Medications:

Generic Name:	Dosage:	Purpose:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



Mental Health

Is the individual currently involved in psychological therapy of any kind? _____

If so, with whom? ___ Psychiatrist ___ Psychologist
 ___ Counselor ___ Social Worker

Is there any history of psychological or psychiatric care? If yes, give dates:

Has the applicant ever been advised to seek counseling, psychotherapy, or psychiatric care? If yes, please explain circumstances.

Has the applicant ever dealt or currently dealing with eating disorders? If Yes, please explain.

Additional comments:

**Note to applicant: If the answer is "yes" to any of the above questions, please provide us with a letter of explanation from your therapist or psychiatrist. This information will be treated confidentially.*

Physician's Statement

1. I have read the "Notes to the Examining Physician" on the first page of the Medical Form and thereafter examined _____. The results I have recorded represent, to the best of my knowledge, the applicant's medical history and my examination results. I understand that the program organizers in Israel rely on my report. In my opinion, the applicant is physically, mentally, and emotionally capable of studying at the University of Haifa.

___ Yes ___ No

If no, please explain: _____

2. I recommend full physical activity. ___ Yes ___ No

If no, please explain: _____

3. I recommend certain restrictions. ___ Yes ___ No

If yes, please explain: _____

4. The applicant can withstand certain changes in diet from which s/he is accustomed.

___ Yes ___ No If no, please explain: _____

Physician's name (please print or type): _____

Address: _____

Telephone: _____ E-mail: _____

License Number: _____ Date: _____

Stamp and signature of physician: _____