Yeshivat Yishrei Lev

MEDICAL FORM

Last Name _____ Name _____ Date Birth _____

MEDICAL HISTORY: Significant past illnesses which might have a bearing on the applicant's health. _____

___ Allergies, type: _____

___ High blood pressure ___ Heart disease ___ Diabetes ___Seizures ___ Arthritis ___Asthma/CO

____ Muscoskeletal diseases, including previous fractures

Details

_____

PRESENT PROBLEMS:

FAMILY HISTORY: ___ High blood pressure ___ Heart disease ___ Diabetes

PHYSICAL EXAMINATION			
AGE:	HEIGHT:	WEIGHT:	B.P.

	Normal	Abnormal	Describe Abnormality
HEAD			
NECK			
EYES			
EARS			
TEETH			
MOUTH AND THROAT			
CHEST AND LUNGS			
HEART			
ABDOMEN AND VISCERA			
HERNIA			
G.U. SYSTEM			
UPPER & LOWER EXTREMITIES			
SPINE			
NERVOUS SYSTEM			

__ Dietary Restricitions

__ Physical Activity Restrictions

_____

Name _____

TB SCREENING	PPD __POS __NEG SIZE_____ INDURATION_____ IF POSITIVE __CHEST X-RAY __PROPHYLAXIS __HISTORY OF BCG __RECENT CONVERSION

Is the applicant receiving any medications prescribed by you? If YES, please attach statement of such medication with dosage and direction to be kept on file.

_____

EMOTIONAL EQUILIBRIUM: Emotional stability, ability to get along with others, easy group adjustment, are all significant factors. DOES THE APPLICANT HAVE A PROBLEM WHICH WILL ENDANGER THE HEALTH OR WELFARE OF OTHER STUDENTS?

_____

Immunization Record

Please list all immunizations and dates administered

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I believe that the above named applicant is able to spend a year learning in Israel and participate in all program activities.

REMARKS _____

_____
__

I have not willfully or knowingly withheld or misrepresented any pertinent medical information.

_____

Date of Examination

Signature

License Number

Telephone Number

Address