MIDRESHET RACHEL V'CHAYA APPLICATION
Medical Examination Form – <u>to be completed by physician</u>

Student Information			
Last Name	First Name	Middle Name	Date of Birth
Height:	Weight:	General Appearance:	

HEALTH INFORMATION

Does the student have MEDICATION ALLERGIES?	**YES** ☐	**No** ☐
If so, list medicine(s):	Allergic reaction per medicine:	
Does the student have FOOD ALLERGIES?	**YES** ☐	**No** ☐
If so, list food allergies:	Allergic reaction & treatment:	

Health History – please provide details of any "yes" answer below

Does the student have any health problems? Please list details.

Heart (arrhythmia, high blood pressure)	☐Yes ☐No	ADHD or learning problems?	☐Yes ☐No
Respiratory (asthma, cystic fibrosis)	☐Yes ☐No	Musculoskeletal (arthritis, pain, scoliosis, foot problems)	☐Yes ☐No
Circulation (blood clots)	☐Yes ☐No	Abdominal, digestive tract (Crohn's, Ulcerative Colitis, IBS)	☐Yes ☐No
Blood (anemia, bleeding disorder)	☐Yes ☐No	Mental Health (anxiety, depression, OCD, bipolar)	☐Yes ☐No
Neurological (headaches, migraines, seizures)	☐Yes ☐No	Endocrinological (diabetes, growth issues, PCOS, thyroid)	☐Yes ☐No
Eyes Ears Nose, dental, throat (Sinus, visual problems, hay fever)	☐Yes ☐No	Skin (eczema, acne)	☐Yes ☐No
Do you wear glasses/lenses?	☐Yes ☐No	Genitourinary (bladder, chronic infections, kidneys)	☐Yes ☐No
Menstrual Problems?	☐Yes ☐No	Previous hospitalization? (Detail below)	☐Yes ☐No
History of eating disorder? (Including symptoms without diagnosis)	☐Yes ☐No	Current medications? (please list below)	☐Yes ☐No
Any physical limitations?	☐Yes ☐No	**DATE of last tetanus vaccine**	

Please list details of any condition mentioned above, & **full list of current medications and doses.**
[You may attach additional sheets if needed]

I have examined the above-named student on _____ (date) and DO consider her physically and emotionally able to participate in your program in Israel.

Signature of physician:_____

Printed Name:_____ Date_____

Address: _____ phone number:_____

To the best of my knowledge, all the above information is both accurate and complete:

Student Signature: _____