



Report of Medical Examination

**Please keep in mind that we do not accept forms completed by a relative.
Incomplete forms will not be accepted.**

The applicant should complete this section.

PLEASE TYPE OR PRINT CLEARLY AND BRING A COPY OF THIS FORM WITH YOU TO JERUSALEM.

Name of Applicant _____ Social Security Number _____

Please indicate the program to which you are applying _____

Address _____

E-mail Address _____

The physician should complete the remainder of this report of medical examination.

To the examining physician - Your health evaluation is an essential part of the application for participation in study abroad programs at the Hebrew University. We require a full physical examination. Please include results of your lab work on this report; do not submit lab reports with this evaluation.

Date of Birth _____ Age _____ Gender _____

Past or present illnesses (Please give dates, complications, and any residual symptoms):

A. History of heart disease (valve disorders, congenital malfunctions, etc.) _____

B. Rheumatic fever (heart involvement) _____

C. Diseases of the digestive tract: (peptic ulcer; biliary tract disease, chronic or recurrent diarrhea, severe constipation, vomiting spells, hernia, appendicitis) _____

D. Respiratory diseases (tuberculosis, asthma, chronic bronchitis, bronchiectasis, sinus disease) _____

E. Urinary tract diseases (nephritis, nephrosis, calculi, recurrent bladder or prostatic disease, history of urinary tract infection) _____

F. Disorders of menstruation (give details) _____

G. Diabetes mellitus _____

H. Hypertension _____

I. Migraine or severe headaches (dizzy spells, strokes) _____

J. Epilepsy, fainting spells, history of head injuries _____

K. Muscle disease _____

L. Allergic diseases (hay fever, food allergies). Please record causative factors _____

M. Chronic skin diseases _____

N. Severe injuries _____

O. Surgeries (list surgeries and dates. If none, write "none") _____

P. Systemic disease (juvenile rheumatoid arthritis, lupus, erythematosis) _____



Report of Medical Examination, continued

Name of Applicant _____ Social Security Number _____

Please conduct a complete examination: Height _____ Weight _____

	Normal	Deviation from Normal
Skin		
Eyes		
Ears		
Hearing		
Nose		
Teeth		
Heart		

	Normal	Deviation from Normal
Lungs		
Abdomen		
Tonsils		
Feet		
Spine		
Blood pressure		
Urinalysis (dipstick & microscopic, if indicated)		

- List special dietary requirements (i.e., low sodium) _____
- If the applicant is receiving any medication, please attach statement of such medication with dosage and instructions to keep on file.
- Bearing in mind the various conditions imposed by a foreign study program (lengthy absence from home, adjustment to a foreign culture, different living conditions, etc.), is the applicant emotionally stable for study abroad?
 Yes • No, please describe: _____
- To your knowledge, has the applicant been treated by a psychologist or psychiatrist? In such cases, a supporting letter from the treating psychologist or psychiatrist may be requested.
 No • Yes, please describe: _____
- Restrictions on physical activity, including exercise in a fitness facility:
 None • As follows: _____

I have examined the above-named applicant and consider him/her physically qualified to participate in study at the Hebrew University.

Name of Physician (please type or print) _____

Address _____

Signature of Physician _____ Telephone _____

License No. _____ Date _____

Please return the completed form to:

Department of Summer Courses and Special Programs •• Boyar Building Room 430 •• Rothberg International School •• The Hebrew University of Jerusalem ••• Mount Scopus, Jerusalem 9190501 •• Israel
 Tel: (972-2) 588-0130/2602 •• Fax: (972-2) 588-2363 •• E-mail: rissummer@savion.huji.ac.il