

**YESHIVA NER YAAKOV**  
**RECHOV PRESS 4 JERUSALEM, ISRAEL 91402**  
**Tel : (02) 500 2266 Fax: (02) 500-2345**  
**E-mail: Ner@actcom.co.il**

**MEDICAL FORM**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

FULL ADDRESS: \_\_\_\_\_

PLEASE MAKE A COMPLETE EXAMINATION AND INDICATE YOUR FINDINGS

HEIGHT \_\_\_\_\_ WEIGHT: \_\_\_\_\_ OVERWEIGHT? \_\_\_\_\_ UNDERWEIGHT? \_\_\_\_\_

ITEM	NORMAL	DEVIATION FROM NORMAL	ITEM	NORMAL	DEVIATION FROM NORMAL
SKIN			ABDOMEN		
EYES			GENITALIA		
EARS			GLANDS		
NOSE			Nervous System inc. psychological & psychiatric problems		
THROAT			SKELETON		
LUNGS			BLOOD PRESSURE		
HEART			URINALYSIS		

Has the applicant had any of the following? If YES, please give the dates. If the applicant CURRENTLY has any of the following, please write YES and give the details in the space provided below, and/or on a separate page.

ASTHMA		FOOD ALLERGY -----	-----	HEPATITIS (TYPE)	
BRONCHITIS		SKIN ALLERGY		H.I.V.	
PNEUMONIA		DRUG ALLERGY		HERNIA	
SINUS INFECTION		POISON IVY		EPILEPSY	
HAY FEVER		MALIGNANCY		CHICKEN POX	
FREQUENT INDIGESTION		NEPHRITIS		FREQUENT CONSTIPATION	
POLIO		FREQUENT COLDS		RHEUMATIC FEVER	
WHOOPING COUGH		MEASLES		APPENDICITIS	
MUMPS		GERMAN MEASLES		SLEEP WALKING	
		IBD			

If you answered YES to any of the items in this section, please provide details:

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**VACCINATIONS (please give dates)**

HEPATITIS A: 1st shot: \_\_\_\_\_ 2nd shot: \_\_\_\_\_ 3rd shot: \_\_\_\_\_

HEPATITIS B: 1st shot: \_\_\_\_\_ 2nd shot: \_\_\_\_\_ 3rd shot: \_\_\_\_\_

TETANUS BOOSTER \_\_\_\_\_ MMR \_\_\_\_\_ DIPHTHERIA BOOSTER \_\_\_\_\_

GAMMABLOBULIN \_\_\_\_\_ OTHER IMMUNIZATIONS \_\_\_\_\_

Has applicant had surgery, been hospitalized, or seen a specialist in the past five years? If yes, for what?

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**IMPORTANT:** Has the applicant had any psychological counseling or therapy from his primary care physician or any other health care professional: Please give details: \_\_\_\_\_

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Emotional equilibrium, the ability to get along with others and easy group adjustment are all factors important in a program such as this one. Does the applicant have a problem which will endanger the health, welfare or enjoyment of the other group members? \_\_\_\_\_

Is the applicant receiving any medication? If YES, please indicate type/generic name of medication with dosage and directions, and reason for this need: \_\_\_\_\_

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Recommendations, precautions, or limitations in regard to diet, swimming hiking, etc:

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I believe that the above named applicant is able to study in Israel, and to participate in all activities, which include swimming, diving, hiking, and all athletic sports.

Remarks;

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

Date of examination \_\_\_\_\_ Signature \_\_\_\_\_, M.D.

Emergency telephone number: \_\_\_\_\_ License Number \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_