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MEDICAL EXAMINATION TO BE COMPLETED BY PHYSICIAN

Student: _____

1. Vision: _____ Hearing: _____

2. General Examination

	Normal	Deviation from Normal
Height	_____	_____
Weight	_____	_____
Heart	_____	_____
Lungs, Chest	_____	_____
Blood Pressure	_____	_____
Hemoglobin	_____	_____
Abdomen, Digestive Tract	_____	_____
Mouth, Throat	_____	_____
Skin	_____	_____
Spine	_____	_____
Feet	_____	_____
Nervous System	_____	_____
Allergies	_____	_____
Menstrual History	_____	_____

3. A) Is the student presently receiving any medications? If so, please attach statement of such medications with dosage and directions.
   B) List any medication that the student has taken regularly at any point over the last three years.

_____

_____

_____

4. Does the student have any history of an eating or dietary disorder, or currently manifest any signs of either? ☐ NO ☐ YES

5. Does the student have any physical limitations? ☐ NO ☐ YES

6. Date of last tetanus immunization: _____

7. Does the student have any history of psychological or psychiatric treatment or therapy?

   ☐ NO ☐ YES

8. For how many years have you been the personal physician for this student? _____

I have examined the above named student and DO consider them physically and emotionally able to participate in your program in Israel.

Name of Physician (please print): _____

Address: _____ Phone: _____

Date: _____ Signature _____