

# Vision for Israel ויזיאן ישראל

The Joseph Storehouse - Humanitarian Aid Center אסמי יוסף - מרכז לסיוע הומאניטרי

## Medical Examination Form

Date: \_\_\_\_\_ To be filled out by a licensed physician:

Diseases and condition	Yes/No (Date)
Blood Type	
Physically fit	
Jaundice	
Peptic ulcer	
Anemia	
Hernia	
Skin conditions	
Diabetes	
Special diet	

Diseases and condition	Yes/No (Date)
Tuberculosis	
Kidney Disease	
Mental Disorder	
Depression	
Epilepsy	
Hypertension	
Rheumatic Fever	
Heart Disease	
Liver diseases	

Other:

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Allergies/drug reactions:

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I have examined \_\_\_\_\_ and have to the best of my knowledge detailed the entire applicant's medical history above.

In my opinion the applicant is capable of participating in the program consisting of physical labor, tours and cultural experience.

Physician's Name: \_\_\_\_\_

Stamp and signature of physician: \_\_\_\_\_