MEDICAL EXAMINATION TO BE COMPLETED BY PHYSICIAN

Student's Name _____

1. Vision: _____ Hearing: _____

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		

Other remarks: _____

_____

3. a) Is the student presently receiving any medications? Is 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. Details: _____

_____

5. Does the student have any physical limitations: **( ) NO ( ) YES** Details: _____

_____

6. Date of last tetanus immunization: _____

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

Name of Physician (please print): _____

Address: _____ Phone: _____

Date: _____ Signature: _____

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

Student Signature _____