Attention: Admissions Department
YeshivasLevZion@gmail.com

Medical Examination Form
Yeshivas Lev Zion

The parents/guardians should fill out the first page of this medical form, and give the form over to the physician's care, whom upon completion should scan and send directly in to YeshivasLevZion@gmail.com

Personal information (to be filled out by the applicant):

Full name:_____
Date of birth (mm/dd/yy):_____
Home address (street, city, state, postal code, country):_____
_____
Home phone number (including area code):_____
Cell phone number (including area code):_____
Email address:_____

To be completed if the applicant is under 18 years of age:

Name of parent or guardian:_____
Email of parent or guardian:_____
Home phone number (including area code):_____
Cell phone number (including area code):_____

Emergency Contact Information – In Case of Emergency, Please Notfiy:	
Emergency Contact #1 (in country of origin)	**Emergency Contact #2 (in Israel)**
Name: Relationship to student: Home Address (include street, city, state, ZIP, country): Home phone: Cell phone: Email:	Name: Relationship to student: Home Address (include street, city, state, ZIP, country): Home phone: Cell phone: Email:

Please note: Any applicant to our program is required to fully disclose any mental, physical, or psychological conditions, including prescribed medicines. Additionally, any emergencies or situations that require expenditures due to a particular ailment or condition, in whatever capacity it may be, is the sole responsibility of the student and/or parents or legal guardians. The school takes no responsibility for covering medical expenses related to students' prior health conditions. Furthermore, each student (and parent or guardian) is solely responsible to enroll in traveler's health insurance while they are overseas to ensure medical coverage.

Please sign that all the information in this form is factual and all information, including the student's/parent's responsibilities for health insurance coverage/medical bills, is understood and agreed.
Student's name:_____ Date (mm/dd/yy):_____

Signature:

<u>To Be Read & Filled out by the Physician</u>:

Notes to the examining Physician

Students accepted to Lev Zion are expected to participate in a full class schedule and extra-curricular programming. Any known ailment which would prevent the student from participating fully should be disclosed in this form.

Classes and programming are in session from 9 am through 6 pm, five days per week, including occasional weekend retreats.

Extra-curricular activities can include, but are not limited to: hiking, swimming, rock climbing, bike riding, and water sports.

If possible, this form should be filled out by a physician who has known the applicant for at least 18 months. Any applicant who has been under the care of a specialist (for example, cardiologist, neurologist, psychiatrist, psychologist, etc.) must submit a written detailed report from the specialist giving a complete diagnosis, prognosis, and evaluation.

If the student is required to continue therapy/treatment (other than prescription medication, which will be filled out below), he should have a supplemental medical letter giving full details. Please keep in mind, that very often, in Israel medicine is not available under the same trade name as in the country of origin, the **full pharmacological name** of all medicines and drugs used by the patient should be provided.

Lev Zion intends to rely on this completed form and supplementary letters in making determinations of acceptance to the program. Omissions or misstatements are the responsibility of the applicant and her physician/specialist(s).

The information on this report and on all supplementary letters and reports on the physical, mental or psychological condition of the applicant shall be held by Lev Zion as strictly confidential.

Any applicant to our program is required to fully disclose any mental, physical, or psychological conditions. Additionally, any emergencies or situations that require expenditures due to a particular ailment or condition, in whatever capacity it may be, is the sole responsibility of the student and/or parents or legal guardians. The school takes no responsibility for covering medical expenses related to students' prior health conditions. Furthermore, each student (and parent or guardian) is fully responsible to enroll in traveler's health insurance while they are overseas to ensure medical coverage.

Health History (to be filled out by examining physician):

Height:_____

Weight:_____

Blood pressure:_____

Please comment on the student's overall health:_____

_____

Has the student had any surgical operations? If yes, please elaborate:_____
_____

Has the student been hospitalized in the past 12 months? Y / N
If yes, please explain:_____

Has the student ever been under the care of a psychiatrist and/or psychologist? If yes, please explain:
_____

Has the student ever been diagnosed for any of the following mental health conditions?

□ Depression
□ Bipolar disorder
□ Anxiety
□ OCD
□ PTSD
□ Self-harm behavior
□ Suicidal behavior
□ Other

If any of the above boxes were checked, please attach a note outlining the details.

Has the student ever struggled with substance abuse/taken part in a 12-step program? If yes, please explain:_____

Does the student have any history of an eating disorder? Y / N
If yes, please explain:_____

Does the patient suffer from any anaphylaxis/food allergies or allergies to medications? Y / N
If yes, please specify:_____

Please check if the student has a history of or has a tendency towards any of the following:

□ Arthritis
□ Asthma
□ Auto-immune diseases
□ Back aches
□ Bronchitis
□ Cancer
□ Cardiac pacemaker
□ Constipation
□ Diabetes
□ Diarrhea
□ Diphtheria
□ Dizziness
□ Ear infections
□ Endocrine imbalance
□ Epilepsy
□ Eye trouble
□ Fainting
□ Frequent colds
□ German measles
□ Hay fever
□ Hiatal hernia
□ Indigestion
□ Insomnia
□ Irregular menses
□ Kidney trouble
□ Lime disease
□ Lumbago
□ Lupus
□ Malaria
□ Malignant tumor
□ Manic depression
□ Measles
□ Migraine/headache
□ Mononucleosis
□ Mumps
□ Myocardial arrhythmia
□ Pancreatitis
□ Parasites
□ Phlebitis
□ Pleurisy
□ Polio
□ Rheumatic fever
□ Scarlet fever
□ Sciatica
□ Significant bleeding
□ Sinus trouble
□ Sleep walking
□ Stomach weakness
□ Strep infection
□ Stroke
□ Thrombophlebitis
□ Thyroid disorders
□ Tonsillitis
□ Tuberculosis
□ Typhoid fever
□ Whiplash
□ Whooping cough

If any of the above boxes were checked, please elaborate here:_____

Is the applicant currently receiving any medication? If yes, please state name, condition being treated, dosage, and any necessary precautions:_____
_____
_____

Does the applicant have any skin conditions, or significant sensitivities to sun? Y / N

Has the applicant been exposed to any dangerous, contagious, or infectious disease in the past? Y / N

Does the applicant suffer from any chronic conditions? If yes, please explain:_____
_____

Do you recommend any restrictions in physical activity for this student? If yes, please explain:
_____

Please include anything else significant regarding the student's condition or health history:
_____

Are all the student's immunizations up to date? Y / N
Please attach the student's immunization history to this document, if available.

Consent

Physician's statement
I have examined_____
and have, to the best of my knowledge, quoted all the applicant's medical history and findings on examination. In my opinion, the applicant is capable / incapable (please circle) of attending Lev Zion and participating fully in all classes and extra-curricular activities. I have known the applicant for _____ years.

Physician:_____
Date (mm/dd/yy):_____
Signature: