



# YESHIVAT KEREM B'YAVNEH

**Yeshiva Office:** Doar Na: Evtach 79855 Israel  
Tel: 08-856-2007

## MEDICAL FORM

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

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

PARENT'S PHONE: DAY (\_\_\_\_) \_\_\_\_\_ EVE: (\_\_\_\_) \_\_\_\_\_ STUDENT PASSPORT #: \_\_\_\_\_  
\_\_\_\_\_

PLEASE MAKE A COMPLETE EXAMINATION AND INDICATE YOUR FINDINGS

HEIGHT \_\_\_\_\_ % WEIGHT: \_\_\_\_\_ % BMI \_\_\_\_\_

ITEM	FINDINGS	ITEM	FINDINGS
SKIN		ABDOMEN	
EYES		GENITALIA	
EARS		GLANDS	
NOSE		NERVOUS SYSTEM	
THROAT		SKELETON	
LUNGS		BLOOD PRESSURE	
HEART		URINALYSIS	

Has applicant had surgery, been hospitalized, been seen in the emergency room or seen a specialist in the past five years? If so, please specify: \_\_\_\_\_  
\_\_\_\_\_

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 ----- SKIN ALLERGY	-----	HEPATITIS (TYPE)	
BRONCHITIS		DRUG ALLERGY If yes, please list drug and type of reaction		H.I.V.	
PNEUMONIA		DIABETES TYPE I ----- DIABETES TYPE II	-----	HERNIA	

SINUS INFECTION		MALIGNANCY		EPILEPSY	
HAY FEVER		KIDNEY PROBLEMS		EAR PROBLEMS	
RHEUMATIC FEVER		CHICKEN POX		MUSCULO-SKELETAL PROBLEMS	
POLIO		MEASLES		CARDIO-VASCULAR PROBLEMS	
WHOOPING COUGH		GERMAN MEASLES		APPENDICITIS	
MUMPS		IBD		SLEEP WALKING	

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: \_\_\_\_\_  
 HEPATITIS B: 1st shot: \_\_\_\_\_ 2nd shot: \_\_\_\_\_ 3rd shot: \_\_\_\_\_  
 POLIO VACCINE: dates of immunizations and type: \_\_\_\_\_  
 TETANUS BOOSTER \_\_\_\_\_ MMR \_\_\_\_\_ DIPHTHERIA BOOSTER \_\_\_\_\_  
 GAMMABLOBULIN \_\_\_\_\_ OTHER IMMUNIZATIONS \_\_\_\_\_  
 T.B.: latest test date \_\_\_\_\_  
 result: \_\_\_\_\_

**IMPORTANT:** Has the applicant had any psychological counseling or therapy? 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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I believe that the above named applicant is able to study in Israel at Yeshivat Kerem B'Yavneh, and to participate in all activities, which include swimming, diving, hiking, and all athletic sports, with the following recommendations: \_\_\_\_\_

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 \_\_\_\_\_