PARTICIPANT INSTRUCTIONS: Please review the information contained on this page with your doctor.

NOTES TO THE EXAMINING PHYSICIAN:

The new and strenuous environment each participant will face on a Taglit-Birthright Israel: Chavaya trip takes his/her physical and mental capabilities to the fullest. The program in Israel is very demanding, requiring early wake-up and participation in a daily average of 15 hours of programming which can include physically strenuous activity such as hiking It is therefore imperative, as a safeguard to the health of the participant, that this report be as complete and precise as possible. It is **recommended** that this form be completed by a physician who has known the applicant for at least 12 months.

At the discretion of Chavaya/ZFA, any applicant who has been under the care of a specialist (for example, cardiologist, neurologist, psychiatrist, psychologist, social worker, etc.) may be asked to submit a written detailed report from that specialist giving **complete diagnosis, prognosis and evaluation,** confirming that the applicant will be able to fully participate in the demanding itinerary with hours of walking/hiking each day, early mornings and late nights, etc.. A written report can be requested by the Chavaya/ZFA, if you are currently under the care of your Family Physician for any medical condition to which your doctor has prescribed you prescription medication for longer than 2 weeks.

If any changes take place in the participant's health after this form has been submitted, the participant must submit, before departure, an explanatory medical letter, detailing diagnosis, prognosis and treatment. Failure to submit such a letter shall result in expulsion of the applicant from his/her program without any refund.

PLEASE EVALUATE THE APPLICANT'S MEDICAL CONDITION IN LIGHT OF THE FOLLOWING FACTORS THAT DESCRIBE THE PROGRAM:

Social Environment: Participants will be living in a communal environment. They will be sleeping in a dormitory or sharing living quarters with many other people and eating in communal dining facilities.

Activity: The participants will be expected to participate in extensive tours of the country, which will include walking long distances, climbing, hiking, swimming and other strenuous activities.

Medical Facilities: The physician should also bear in mind that medical facilities available for participants will cover only acute illnesses and accidents. There are no facilities available for the treatment of chronic disturbances. Medical care will very often be entrusted to fully trained para-medical personnel, although a doctor will always be available and on call, as will the local hospitals. In some cases, the patient will be transferred to another city for specialised medical treatment when necessary, and, where indicated, will later be returned to the country of origin for further treatment.

Chavaya/ZFA, intends to rely on this completed form and supplementary letters in making determination of acceptance for or continuation of the applicant in the program. **Omissions or mis-statements are at the risk of the applicant and his/her physician, surgeon, psychiatrist, psychologist or social worker.** A Staff member of Chavaya/ZFA, may be in contact with the participant's physician should there be any questions or concerns prior to or during the trip.

The information on this form, and all supplementary letters and reports on the physical, mental or psychological condition of the applicant shall be held by Chavaya/ZFA, as strictly confidential and only shared with staff members of Chavaya/ZFA, as needed.

Should any participant upon arrival in Israel, or during his/her stay, be found to be suffering from any condition, mental or physical, that is not fully disclosed in this medical form or in an accompanying letter from a qualified medical or psychological professional, then:

- He/she may, at the sole and absolute discretion of Chavaya/ZFA, or its representatives in Israel or in Australia, be returned to his/her place of origin at the participant's own expense (and there shall be no refund the deposit or other expenses paid for the program.)
- Chavaya/ZFA, and their representatives in Australia and in Israel are thereby released from responsibility or liability of any kind whatsoever arising out of any aspect of such participant's medical history and mental or physical condition.

NAME OF PARTICIPANT (please print):_____ DATE: _____

DATE OF BIRTH: _____ TELEPHONE: _____

mm/dd/yyyy

PHYSICAL EXAMINATION:

Weight _____ Height _____ Respiration _____ Hearing _____

Blood Pressure _____ Vision _____ Pulse _____

Cardiac _____

Any Abnormal Findings: _____

Is the participant Pregnant : Please Circle: **YES / NO**

PSYCHOLOGICAL EXAMINATION:

1. a) Is the participant currently involved in or has been advised to seek psychological therapy of any kind in the past five (5) years?_____

   Please Circle: **YES / NO**

   If yes, with whom?

   _____ Psychiatrist _____ Psychologist _____ Psychotherapist _____ Counsellor ____Social Worker__

   b) If yes, please indicate dates of start and end of treatment:

   _____

2. If yes has been answered to any of the above questions, please explain the nature of therapy:__

3. Please list details of all medications below (please continue on back if necessary):___

MEDICATION	**PHARMACOLOGICAL NAME**	**FOR TREATMENT OF/HOW LONG PT ON MEDS**
1.		
2.		
3.		
4.		

Are you the prescribing physician of these medications? If so, in your professional opinion, is the applicant stable on each of these medications? _____

_____

Is the applicant on any additional medications? If so, please list the name of the medication as well as the prescribing physician below (please continue on back of page if necessary):

_____

ALLERGIES:

IF PARTICIPANT HAS SPECIFIC FOOD ALLERGIES/SENSITIVITIES, PLEASE NOTE THEM IN THE SPACE PROVIDED ON PAGE (?). PARTICIPANTS ARE RESPONSIBLE FOR CAREFULLY CHOOSING THEIR FOOD ON THE TRIP AND AVOIDING FOODS TO WHICH THEY ARE ALLERGIC.

ALLERGIES (please describe in full, including description of reaction & medication/s required):

Does participant require an Epi-pen? Yes ____ No ____ If Yes, please bring a minimum of three (3) on trip.

DOES THE PARTICIPANT HAVE ALLERGIES TO ANY MEDICATIONS: (Please describe in full including reactions)

MEDICAL CONDITIONS

Please check off any medical conditions which apply to participant:

____ Arthritis

____ Asthma

____ High/low blood pressure

____ Eating disorder

____ Ear Infections

____ Epilepsy

____ Eyeglasses required

____ Eye Trouble

____ Fainting

____ Frequent Colds

____ Gastrointestinal Problems

____ German Measles

____ Headaches

____ Heart Problems

____ Hepatitis/jaundice

____ Illegal drug use

_____ Drug or alcohol addiction

____ Kidney Problems

____ Measles

____ Mononucleosis

____ Mumps

____ Nut Allergies

____ Psychological Counselling

____ Sleep Disorders

____ Thyroid Disorders

____ Tuberculosis

____ Pneumonia

____ Polio Vaccine

____ Rheumatic Fever

____ Scarlet Fever

____ Sexually Transmitted Diseases

____ Whooping Cough

Comments : _____

PHYSICIAN STATEMENT:

I have read the "Notes To Examining Physician" on the cover of the examination form and thereafter have examined

_____ whom I have known for _____ years.

If first time visit, please indicate name of clinic and date here: _____

NOTE TO PHYSICIAN: The new and strenuous environment each participant will face on a Taglit-Birthright Israel: Chavaya/ZFA trip takes his/her physical and mental capabilities to the fullest. The program in Israel is very demanding, requiring early wake-up and participation in a daily average of 15 hours of programming. It is therefore imperative, as a safeguard to the health of the participant, that this report be as complete and precise as possible.

I recommend full activity in:

a) long hours of walking & hiking per day ☒Yes ☒No If no, explain:

b) communal living; sharing living quarters with strangers ☒Yes ☒No If no, explain

c) full participation in **ALL** programming, regardless of extreme fatigue due to the demanding itinerary

☒Yes ☒No If no, explain

I recommend certain restrictions: ☒Yes ☒ No If yes, explain:

I recommend a special diet: ☒Yes ☒ No If yes, explain:

Notes/Comments:

_____

_____

_____

Omissions or mis-statements are at the risk of the applicant and his/her physician, surgeon, psychiatrist, psychologist or social worker.

The results I have recorded represent, to the best of my knowledge, all of the participant's medical history and my findings on examination. I understand that the program organisers in Israel will rely on my report and findings. In my opinion the participant is physically, mentally and emotionally capable of participating in the program as outlined in "Notes To Examining Physician" on Page 1 of these forms.

Name of Physician: *(***PLEASE PRINT***)* _____

Phone: (_____) _____

Address/City: _____

X_____

Signature of Physician State/ Provincial License Number

PARTICIPANT STATEMENT:

I have read the "Notes To Examining Physician" on the Medical Examination Form. I hereby certify that, to the best of my knowledge, this medical form is complete in all of its details and fully realise that any condition, mental or physical, that I am found to have, originating prior to my arrival in Israel, and which is not described in full in this form or in any accompanying letter, will be due cause for my return to my country of origin, or treatment in Israel solely at my expense, and that the program organisers have neither responsibility or liability arising out of such condition. I also realise that medical coverage does not include dental or optometry treatment.

If you have any food allergies/sensitivities, you are responsible for carefully choosing your food on the trip and avoiding foods to which you are allergic/sensitive. While we will do our utmost to accommodate specific food allergies/sensitivities, please be aware that Israel does not have the same level of allergy awareness as is common in North America and we cannot guarantee that your allergy can be completely accommodated. Please call our office to discuss your specific situation with our staff.

All medication that I take regularly is at my own expense, and this has been detailed on this form or accompanying letters

I hereby give permission for Chavaya/ZFA to contact my physician/healthcare provider with any questions about my health prior to or during the trip.

If any changes take place in the participant's health after this form has been submitted, the participant must submit, before departure, an explanatory medical letter, detailing diagnosis, prognosis and treatment. Failure to submit such a letter shall result in expulsion of the applicant from his/her program without any refund.

You agree that you have consulted a physician of your own choice and have been advised by said physician that you are in good health, do not suffer from any physical or mental condition, ailment or disability which requires any medical or surgical care or treatment, or which would make your travel and/or participation on the Tour hazardous, unwise, unwarranted or a potential source of danger to you or to others who may travel with or participate on the Tour.

Health Insurance**.** You agree that you have personal medical insurance coverage, which shall be valid in Israel throughout the period covered by the Tour.

Permission for Treatment. In case of medical or surgical emergency, you hereby give permission to the physician selected by **Chavaya/ZFA** to hospitalise, secure proper treatment for, and to order injection, anaesthesia, or surgery for you.

I, _____, hereby certify that all information

Applicant Name (**please print**)

disclosed on this form is complete & accurate. Failure to disclose any or all medical information **WILL** result in my immediate removal from my trip at my own expense.

DATE: _____

BE SURE TO KEEP A COPY OF THIS FORM FOR YOUR OWN RECORDS!