

THE HEBREW UNIVERSITY OF JERUSALEM
Rothberg International School
Boyar Building, Mount Scopus
91905 Jerusalem, Israel

REPORT OF MEDICAL EXAMINATION

TO THE EXAMINING PHYSICIAN - Your health evaluation is an essential part of the application for the Hebrew University. The final decision concerning the applicant's eligibility, insofar as physical and emotional health are concerned, is based on this report. We require a full physical examination.

Name of Applicant _____ Sex: _____

Address: _____

Date of Birth _____ Age: _____

1. Past or present illnesses (Please give dates, complications, and any residual symptoms):

a. History of heart disease (valve disorders, congenital malfunctions, etc.): _____

b. Rheumatic fever (heart involvement): _____

c. Diseases of the digestive tract: (peptic ulcer, biliary tract disease, chronic or recurrent diarrhea, severe constipation, vomiting, spells, hernia, appendicitis):

d. Respiratory diseases (tuberculosis, asthma, chronic bronchitis, bronchiectasis, sinus disease):

e. Urinary tract diseases (nephritis, nephrosis, calculous disease, recurrent bladder or prostatic disease, history of urinary tract infection): _____

f. Disorders of menstruation (give details): _____

g. Diabetes mellitus: _____

h. Hypertension: _____

i. Migraine or severe headaches (dizzy spells, strokes): _____

j. Epilepsy, fainting spells, history of head injuries: _____

k. Muscle disease: _____

l. Allergic diseases (hay fever, food allergies). Please record causative factors _____

m. Chronic skin diseases: _____

n. Severe injuries: _____

o. Operations (list operations and dates. If none, write "none"): _____

p. Systematic disease (juvenile rheumatoid arthritis, lupus, erythematosis): _____

2. List special dietary requirements (i.e., low sodium): _____

3. Please conduct a complete examination

Height: _____ Weight _____

	Normal	Deviation from Normal
Skin		
Eyes		
Ears		
Hearing		
Nose		
Teeth		
Heart		
Lungs		
Abdomen		
Tonsils		

	Normal	Deviation from Normal
Feet		
Spine		
Blood pressure		
Electrolytes		
Tine or PPD test		
Urinalysis (dipstick and microscopic, if indicated)		

4. If the applicant is receiving any medication, please attach a statement of such medication with dosage and directions to keep on file.

5. Bearing in mind the various conditions imposed by a foreign study program (lengthy absence from home, adjustment to a foreign culture, different living conditions, etc.), please give us your evaluation of the applicant's emotional stability. If, to your knowledge, the applicant has been treated by a psychologist or psychiatrist please indicate this

I have examined the above-named applicant and consider him/ her physically qualified to participate in study at the Hebrew University.

Name of Physician (please type or print): _____

Address: _____

Signature of Physician: _____ Telephone No. _____

License No. _____ Date: _____