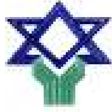

Medical Examination (Confidential)

Dear Doctor,

Although we do not wish to take up more of your valuable time than necessary, we would ask you kindly to read through the following notes before examining your patient, who has applied to be a working visitor on a Kibbutz in Israel.

- Participants will be working in sub-tropical climate throughout the summer months, and possibly exposed conditions in the winter.
- Some of the time, participants will be living in a communal form of life. They will be sharing rooms with two or three other people, and eating in a communal dining hall.
- The combination of unfamiliar living conditions, lack of privacy, unusual working hours and strange climate and language, can all prove stressful to anyone who is not in robust mental health.
- Participants' activities could include strenuous physical work in the sun; food handling; domestic work, and work with livestock. They may also participate in a number or tours of the country, which may involve walking long distances, climbing and other activities.
- It is very strongly recommended that the applicant be immune to tetanus.
- The Kibbutz Office is not responsible for any fee charged for this medical examination.
- All medical information will be regarded as confidential.

We thank you for our help and co-operation.

Yours sincerely,

Kibbutz Ulpan Program Center

Name of applicant:	.

Physical assessment: ☐ Fit ☐ Unfit **Remarks:**

Mental assessment: ☐ Fit ☐ Unfit **Remarks:**

Present complaints and treatment:	.

I have seen the above's medical history and have examined him/her. I do/do not consider him/her to be free fro any infectious, chronic, organic or mental illnesses, and fit/unfit to live and do physical or other work in Israel.

Name:	
Telephone:	
Date:	
Address:	
Signature:	

Please note: we must have the doctor's full name, address and telephone numbers clearly written and/or stamped on this medical questionnaire.

Habonim Dror, 1 Hayasmin St., Ramat Efal 52960, ISRAEL
Telephone 972 3 530144 Fax 972 3 6352961
www.kibbutzulpan.org

Confidential Medical History Questionnaire

Name of applicant:	

Sex:	**M F**	**Date of birth:**		**File no:**	

Please tick or cross and give appropriate dates

- ☐ Heart trouble, abnormal blood pressure
- ☐ Asthma, chronic lung condition
- ☐ Mental disorder, depression
- ☐ Have you had any psychiatric treatment?
- ☐ Skin Conditions
- ☐ Allergies
- ☐ Epilepsy (indicate current treatment)
- ☐ Diabetes (indicate current treatment)
- ☐ Orthopedic disturbances or back trouble
- ☐ Dizziness or fainting attacks
- ☐ Penicillin or other drug reactions
- ☐ History of drug dependency
- ☐ Operations or hospitalization
- ☐ Chronic or recurring illnesses

Date of last tetanus immunization:	
Other important conditions:	

Signature of applicant:	
Date:	

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