

Sar-El Canada
 788 Marlee Ave. Suite 315
 Toronto, ON M6B 3K1
 (416) 781-6089 Fax (416) 785-7687
 toronto@sarelcanada.org

Sar-El Canada at the
 Bronfman Israel Experience Centre
 1 Carré Cummings Square
 Montreal, QC H3W 1M6
 (514) 735-0272 montreal@sarelcanada.org

www.sarelcanada.org

MEDICAL CERTIFICATE

To examining physician:

Your patient has applied for admission to the Sar-El Program. If accepted, the applicant will participate in an 18-day work period in Israel. The living accommodations may be spartan: army cots, no summer air conditioning, minimal heating in winter. The work may involve time in the hot sun, repetitive lifting, bending, and long periods on one's feet. And too, the volunteer must cope with different food, and with social conditions related to living with other volunteers. It is essential that we accept only candidates who are able to withstand such conditions, both physically and psychologically. **We must therefore rely on your evaluation in helping us to decide whether to accept the candidate.**

Applicant's name _____
 please print

Date of birth _____ height _____ weight _____

MEDICAL HISTORY & PHYSICAL EXAMINATION

The applicant has been my patient for _____ years

Does the applicant have any history of:

Eye, Ear, Nose, Throat? ... If so, explain _____

Sleep apnea? _____ Uses CPAP? _____

Cardiovascular and/or Pulmonary diseases, Angina, Hypertension or other related diseases? ... If so, explain ____

Blood Pressure Reading _____ ECG (compulsory after age 60) Normal _____ Abnormal _____

Note to physician: Patient might be well-served if he/she has an ECG copy with him/her, in Israel

Does the applicant have Asthma? _____ Emphysema ? _____ To what degree (mild, moderate, severe)

Any Allergies? _____

If so, which drugs taken to control these allergies ? _____

Gastro Intestinal problems? If so, explain _____

Hernia? _____ Genital Urinary problems? _____

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Current Status of Sexually transmitted diseases _____

Endocrine disorders? _____ Diabetes? _____ Thyroid? _____

Back & Extremities - any immediate or past problems? _____

Is applicant able to carry own luggage, lift or bend without pain? _____ If not explain _____

Dermatological problems? _____

Has the applicant now, or ever, been on medication for an extended period? If so, explain _____

Is the applicant's tetanus inoculation up-to-date? _____ Is the applicant allergic to drugs? _____

PSYCHOLOGICAL PROFILE. We would like your evaluation of emotional stability in the context of the program.

Does the applicant have a history of mental health, depression, or other psychological problems? Yes ___ No ___

If yes, explain _____

If, to your knowledge, the applicant has been treated by a psychiatrist or psychologist, please indicate.

Is the applicant habituated to addictive drugs? _____ to tranquilizers? _____

APPLICANT'S DECLARATION

I declare that I have revealed to my physician all required information, including all current and prior psychiatric treatment. I also agree that my failure to fully disclose this information will be grounds for dismissal from the program.

Date _____ Signature _____
applicant

Note to physician: If you have doubts about your patient's ability to cope with and to complete the work program, you will be doing your patient a great disservice if you recommend him/her.

PHYSICIAN'S DECLARATION

Based on my examination of the above-named patient and on the applicant's declaration

I do I do not
circle one

consider him/her physically and emotionally qualified to participate in the Sar-EI program as described above.

Signature _____ MD Date _____
physician

please print _____ Phone _____
physician

Address _____

For additional comments please attach, and initial, an extra page. We thank you for your cooperation.