

Sar-EI Canada

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MEDICAL CERTIFICATE

To examining physician:

Your patient has applied for admission to the Sar-EI 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 to help us 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 yes, please explain _____

Sleep Apnea? _____ Uses CPAP? _____

Cardiovascular and/or Pulmonary diseases, Angina, Hypertension or other related diseases...

If yes, please explain _____

Blood Pressure Reading _____ Normal _____ Abnormal _____

Does the applicant have Asthma? _____ Emphysema? _____

To what degree? (mild, moderate, severe) _____ Any allergies? _____

_____ Drugs to control allergies _____

Gastro-intestinal problems? If yes, explain _____

Hernia? _____ Genital Urinary problems? _____

Current status of sexually transmitted diseases _____

Endocrine disorders? _____ Diabetes? _____ Thyroid? _____

Back & extremities – current or past problems? _____

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

Dermatological problems? _____

Is the applicant now on extended medication _____ ever been? _____

Explain _____

Is Tetanus inoculation up to date? _____ Allergic to drugs? _____

PSYCHOLOGICAL PROFILE. Evaluation in the context of the program

History of mental health, depression, or other psychological problems? Yes _____ No _____

If yes, please explain _____

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

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

APPLICANT'S DECLARATION

I declare that I have revealed to my physician all required information, including all current & prior psychiatric treatment. I agree that my failure to disclose this information will be grounds for dismissal from the program. Date _____ Applicant Signature _____

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

PHYSICIAN'S DECLARATION

Based on my examination and on the applicant's declaration

I do I do not

(circle one)

consider him/her physically & emotionally qualified to participate in the Sar-El program as described.

Physician Signature _____ MD Date _____

Please print _____ Phone _____

Address _____

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