



THE INTERNATIONAL SCHOOL OF AGRICULTURAL SCIENCES

The Hebrew University
of Jerusalem

The Robert H. Smith Faculty of
Agriculture, Food and Environment



MEDICAL CERTIFICATE Summer Program 2020

This form is to be completed, stamped and signed by a medical officer of the Ministry of Health of the applicant's country of residence or by a registered medical practitioner approved by such Medical Officer.

Please submit the form together with the Summer Program Application Form in a PDF format only to Helena Dahab international.school@mail.huji.ac.il

Applicant's First Name:	Applicant's Family Name:
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Country of origin:	Date of birth (dd/mm/yy):	Gender:
Length of acquaintance of medical officer/practitioner with applicant's medical history and condition (please circle the correct description):		
New patient (first visit)	3-8 years	
Less than 1 year	More than 8 years	
1-3 years		

MEDICAL HISTORY

If you answer "yes" to any question, please include the date in the box and basic details on a separate page.

To the best of your knowledge, including your examination and lab results, has the applicant suffered in the past from problems related to:			
			Dates
Heart (cardiovascular)?	Yes	No	
Lung and respiratory system (TB, asthma, tumor, etc.)?	Yes	No	
Stomach, intestines, liver, kidney (nephritis, stones, etc.)?	Yes	No	
Nervous system (convulsions, stroke, mental illness, stress related disorders, etc.)?	Yes	No	
Glandular system (such as goiter, diabetes, anemia)?	Yes	No	
Skin, muscles, bones, joints?	Yes	No	
Sensory organs (eyes, ears, etc.)?	Yes	No	
STD (sexually transmitted diseases)?	Yes	No	
HIV?	Yes	No	

► Website: <http://intschool.agri.huji.ac.il/> ► Email: helenadahab@savion.huji.ac.il

► Tel.: 972-8- 9489509 ► Fax: 972-8-9470171 ► Postal Address: International School of Agricultural Sciences- P.O.B. 12 - Rehovot, 76100 - Israel



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MEDICAL EXAMINATION

1) BLOOD PRESSURE	Systolic	Diastolic
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If the answer to a question is yes, please give details in the box on the right or on a separate page.

2) URINALYSIS: Is sugar present?	Yes	No	
Is albumen present?	Yes	No	
3) Is there evidence of abnormality of:			
Heart and cardiovascular system	Yes	No	
Lung (emphysema, etc.)	Yes	No	
Abdomen (liver, spleen, hernia or other)	Yes	No	
Head and neck (vision, hearing, speech, thyroid, etc.)	Yes	No	
Nervous system (including hospitalization for mental illness or treatment for stress-related disorders)	Yes	No	
4) Does the examinee currently suffer from:			
Infectious diseases (TB, trachoma, malaria, bilharzias, leprosy,...)	Yes	No	
STD (sexually transmitted diseases) ? (Please attach lab results)	Yes	No	
HIV (Please attach lab results)	Yes	No	
Wounds or diseases requiring medical treatment	Yes	No	
Chronic physical, mental or emotional states or problems	Yes	No	
5) Does the examinee require medication or have any dietary restrictions due to health conditions	Yes	No	
6) For women: Is the examinee PREGNANT ?	Yes	No	

CONCLUSION

Given the applicant's medical history and present mental and physical state, is he/she fit to travel by air and study abroad for an extended period in an intense and highly demanding academic program?	Yes	If no, please explain:
	No	
Name and address of medical practitioner (please print clearly):		Official Stamp
Signature:	Date (dd/mm/yy):	