

Livnot U'Lehibanot – To Build and To Be Built

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DO NOT SEND THIS FORM BY MAIL!

MEDICAL INFORMATION FORM - to be filled out by your physician.

Applicant's Name:

Height:

Date of Birth:

Weight:

1. Do you detect or suspect any of the following (please circle): Asthma, Epilepsy, Heart Disease, Tuberculosis, HIV + (AIDS), Mental Illness, Nervous Breakdown, Neurological problems, Depression, Venereal Diseases, Diabetes, other diseases or disorders? If none, please indicate "NONE".

If yes, give details:

2. Please detail any other condition (pregnancy, major surgery, allergies etc...). If none please mark "None".

3. Please detail any history of psychological or emotional problems. If none please mark "None".

4. Is the applicant able to perform the following:

a. Lift 20 pounds	yes	no
b. Walk a distance of 10 -15 miles in one day	yes	no

5. Please rate the applicant's physical state: excellent good fair poor

6. Please rate mental/emotional state: excellent good fair poor

7. Is the applicant on (or was recently on) any perscription medication? Please list name(s) of drug(s), dosage(s) and reasons for the medication.

8. In your opinion is the applicant capable of working with others on a regular basis? Yes No

9. Overall comments:

After having obtained the history of the above applicant, and after having concluded a physical examination and a mental evaluation, it is my professional opinion that the above individual is capable of performing physical labor, participating in strenuous hikes, is able to function in a group atmosphere and is without any psychological disorders that render him/her unsuitable for participation and functioning in an intense group experience.

Is capable **Is NOT capable** **Cannot determine**

Physician's name: _____ Address: _____

Phone: _____ Fax: _____ e-mail: _____

For how long have you known the patient? _____

Signature: _____ Date: _____ ID#: _____ Stamp: _____