

Medical examination form

To be filled out by a licensed physician:

Diseases and conditions	Yes/No (Dates)
Heart Disease	
Liver Disease	
Jaundice	
Peptic ulcer	
Anemia	
Hernia	
Skin conditions	
Diabetes	
HIV	
Special diet	

Diseases and conditions	Yes/No (Dates)
Tuberculosis	
Kidney Disease	
Mental Disorder	
Depression	
Epilepsy	
Hypertension	
Rheumatic Fever	
Blood type	
Full Physical activity	

Other:

Allergies/drug reactions:

I have examined Mr./Ms _____ and have to the best of my knowledge detailed all the applicant's medical history above. In my opinion the applicant is Capable / Incapable of participating in the program, consisting of hard physical labor and mental stress due to the need to adjusting to a far away, foreign and different place for a period of up to six months.

Physician's Name: _____

Stamp and signature of physician: _____

Date: _____