



Physician's Reference - report of Medical Examination

**The Arava Institute for
Environmental Studies**

Kibbutz Ketura, D.N. Eilat 88840, Israel, Tel: 972-8-635-6618, Fax: 972-8-635-6634
Email : info@arava.org Web Site: http://www.arava.org

Name of applicant _____

Address _____

Telephone _____ email _____

Date of birth _____ Sex _____ Date of examination _____

To the examining physician: *The above-named student is a candidate for admission to The Arava Institute for Environmental Studies. Your medical evaluation is an essential part of the application for participation in The Arava Institute program. The final decision concerning the applicant's eligibility, insofar as physical and emotional health are concerned, will be based on this report. This information will be treated confidentially. Please return the completed form as soon as possible to the above address. Thank you.*

1. **Past or present illnesses.** Please give dates, descriptions, complications, and any residual symptoms.
 - a. Rheumatic fever: heart involvement: _____
 - b. Diseases of the digestive tract: peptic ulcer, biliary tract disease, chronic or recurrent diarrhea, severe constipation, vomiting spells.

 - c. Respiratory disease: tuberculosis, chronic bronchitis, bronchietasis, sinus disease.

 - d. Urinary tract disease: nephritis, calculous disease, recurrent bladder or prostatic disease.

 - e. Disorders of menstruation. _____
 - f. Diabetes mellitus. _____
 - g. Migraines or severe headaches, dizzy spells.

 - h. Epilepsy, fainting spells, history or head injuries.

 - i. Allergic disease: hay fever, asthma, food allergies. Please record causative factors.

 - j. Chronic skin diseases. _____
 - k. Severe injuries and operations.

(Over)

2. Physical examination. Please make a complete examination with the program in mind. Include skin, eyes, ears, throat, heart, lungs, abdomen; if indicated, rectal examination and for women, pelvic examination. Please attach results to this reference form.

a. height _____

b. weight _____

c. Please include the following blood examinations: chemistry profile (usual SMA 12: sodium, potassium, chloride, calcium, bicarbonate, glucose, BUN, creatinine, phosphorus, uric acid, AST, ALT); CBC (hematocrit, hemoglobin, WBC, RBC, MCV, MCH, MCHC).

d. Please include a urine analysis including dipstick and microscope. If the patient has not had a Tine test or PPD after June 1, 1992, please include this.

e. Please write any abnormal findings in the physical exam or laboratory tests in the space provided below.

3. If the applicant is receiving any medication, please attach a statement of such medication with the dosage and direction to keep in the student's file.

4. Can the applicant stand changes in diet from that to which he/she is accustomed?

5. Bearing in mind the various conditions imposed by a foreign study program (lengthy absence from home, adjustment to a foreign culture, changed living conditions, new social contacts); please give us your evaluation of the applicant's emotional stability. If, to your knowledge, the applicant has been treated by a psychiatrist or psychologist, please complete the next question.

6. **Treatment for Mental Health Problems or Conditions:** The applicant has been or is currently being treated for a mental health problem or condition.

Nature of the Problem/Condition: _____

Duration of Treatment: From (month/year) _____ To (month/year) _____

Name of Therapist/Physician: _____

Telephone: _____ Address: _____

7. **Please complete:** I have examined the above-named applicant and consider him/her physically qualified to participate in study at the Arava Institute for Environmental Studies. I further certify that the above-named student is fit to hike and to use sports or exercise facilities.

Physician's name _____

Address _____

Telephone _____

Physician's stamp _____ **License number** _____

Signature _____ **Date** _____