



Medical Reference Form

Note: Medical Reference Forms will not be accepted if completed by a walk-in clinic (e.g., CVS MinuteClinic)

TO THE EXAMING PHYSICIAN:

Your careful attention to this Medical Reference Form is vital. Your patient has applied to participate in a rigorous volunteer work program in Israel. Your medical evaluation of the applicant's physical condition and mental stability is essential in determining the applicant's suitability for the project. The applicant will be working in a large hospital and the Israeli medical system requires accurate information for the wellbeing of both the volunteer and hospital patients. This medical data will also enable medical professionals in Israel to appropriately address any medical emergencies that your patient may face during the project. If you have questions as to the medical or psychological suitability of your patient for such a project, it would be a great disservice to the patient, the volunteer group, and the hospital to approve them.

Patient Last Name _____ First Name _____ Age _____

How long has this applicant been a patient of your practice? _____

Date of last complete physical exam with lab work and appropriate diagnostics? _____
(A complete physical is required within a 12 month period preceding the date of the trip.)

Medical History and Questionnaire

(Use additional pages if necessary.)

Medications & Dosage:

Allergies:

History of Severe Injuries and Surgeries

Physical, Mental, or Emotional Limitations



Medical Reference Form

Please answer the following questions in regard to the patient's general health and physical condition.

Yes	No	
___	___	Is the patient capable of rigorous labor with lifting (30 lbs. or less), twisting, and bending?
___	___	Is the patient capable of walking long distances in hot, humid weather?
___	___	Is the patient capable of working a full day and work week while standing on their feet?
___	___	Does the patient live an active and healthy lifestyle?

Psychological Profile

Conditions imposed by a foreign work program include absence from family and home, close quarter group living, extended hours of travel, new social contacts, and adjustments to cultural differences. The experience is physically and mentally stressful and moves individuals out of their comfort zone.

Is the applicant a positive, flexible and agreeable person? _____
Is the applicant capable of working and living with others? _____
Is there any history of mental disorder or difficulty? _____
Is there any history of being treated by a psychiatrist, psychologist, or professional counselor? _____
Is or has the applicant used tranquilizers, anti-psychotics, anti-depressants, etc? _____
Is there any history of addictions or the use of addictive substances? _____

For the physician to sign:

I have examined the above applicant and ___ DO ___ DO NOT consider him/her physically and emotionally qualified to participate in a rigorous foreign work project.

Physician's signature: _____ Date: _____

PLEASE PRINT

Physician's Name: _____

Address: _____

Phone: _____ fax _____

Please attach the physician's business card.

For the patient to complete and sign:

I authorize the leadership of The Friends of Israel Gospel Ministry, Inc. and their assigned representatives to release the above-described medical information to medical facilities or medical practitioners solely for use in my evaluation as an applicant or my medical treatment as a participant in Hesed under the direction of The Friends of Israel Gospel Ministry, Inc.

Name (print) _____

Signed _____ Date _____





Important Notice Regarding Immunizations

We strongly suggest that you seek your doctor's advice regarding his/her recommendations for further beneficial immunizations.

