



**Physician's Reference - Report of Medical Examination**

**The Arava Institute for  
Environmental Studies**

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Name of applicant \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ email \_\_\_\_\_

Date of birth \_\_\_\_\_ Sex \_\_\_\_\_ Date of examination \_\_\_\_\_

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**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. Respiratory disease: tuberculosis, chronic bronchitis, bronchiectasis, sinus disease  
\_\_\_\_\_

b. Diabetes mellitus. \_\_\_\_\_

c. Migraines or severe headaches, dizzy spells.  
\_\_\_\_\_

d. Epilepsy, fainting spells, history or head injuries.  
\_\_\_\_\_

e. Allergic disease: hay fever, asthma, food allergies. Please record causative factors.  
\_\_\_\_\_

f. Chronic skin diseases. \_\_\_\_\_

g. Severe injuries and operations.  
\_\_\_\_\_

(Over)

**2. Physical examination.**

A Tine test , PPD or Quantaferon Gold blood test is required if the candidate has not had one within the last 2 years .

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

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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.

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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.

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6. **Treatment for Mental Health Problems or Conditions:** The applicant has been or is currently being treated for a mental health problem or condition. Please provide a letter from your psychiatrist or psychologist if currently receiving treatment.

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** \_\_\_\_\_