

# IST Physical Examination Form



**Must be completed by a physician and returned to JEWISHcolorado before April 1, 2019**

Name of Student \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_

**PHYSICIAN: Please complete and mail this form to the Joyce Zeff Israel Study Tour, c/o Josh Samet, 400 S. Colorado Blvd #790, Denver, CO 80246 or FAX it back to us at 303-322-8328. This student is applying for participation in our 5-week summer program in Poland and Israel. We need the information requested below in order to assess his/her ability to participate in the program. As a member of the program he/she will participate in physical activities in very hot weather and will hike and climb mountains in a desert environment.**

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ Date of Exam \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

BLOOD PRESSURE \_\_\_\_\_/\_\_\_\_\_

Please check where applicable and attach any corresponding notes or paperwork.

- |  |  |                                  |  |   |   |
|--|--|----------------------------------|--|---|---|
| <input type="checkbox"/> General Build     | <input type="checkbox"/> Head              | <input type="checkbox"/> Neck    | <input type="checkbox"/> Ears            | <input type="checkbox"/> Teeth          | <input type="checkbox"/> Mouth, Throat  |
| <input type="checkbox"/> Chest, Lungs      | <input type="checkbox"/> Heart             | <input type="checkbox"/> Abdomen | <input type="checkbox"/> Hernia          | <input type="checkbox"/> G.I. System    | <input type="checkbox"/> Mental Illness |
| <input type="checkbox"/> Upper Extremities | <input type="checkbox"/> Lower Extremities | <input type="checkbox"/> Spine   | <input type="checkbox"/> Skin, Lymphatic | <input type="checkbox"/> Nervous System |   |

**Allergies:**  Hay Fever  Insect Stings  Penicillin  Other Drugs  
Please explain: \_\_\_\_\_

**Vision:**  Glasses:  Yes  No **Contacts:**  Yes  No **Menstrual History:**  Regular  Irregular  N/A

Is there anything else we should know? \_\_\_\_\_

1. Can applicant engage in full physical activity?  Yes  No Restrictions (if any): \_\_\_\_\_
2. Is there any history of emotional disturbance in the applicant?  Yes  No
3. Has he/she shown any difficulties in their relationship with parents, authority figures, and peers?  Yes  No
4. Behavior disorders?  Yes  No
5. Emotional symptoms such as mood swings, eating disorder, depression, sleep disorders, unusual degree of anxiety, fear or guilt?  
 Yes  No Please explain \_\_\_\_\_
6. To your knowledge, is there any history of drug/alcohol related problems?  Yes  No If yes, please explain \_\_\_\_\_
7. To your knowledge, has the applicant been involved in psychological therapy? \_\_\_\_\_ Short-term? \_\_\_\_\_ Long Term?
8. List any history of chronic illness or conditions that may be exacerbated by heat or exposure: \_\_\_\_\_
9. List any medications that the participant is currently taking: \_\_\_\_\_

Recommendations: \_\_\_\_\_

**Physician's Statement:**

I have examined the person herein described on \_\_\_\_\_, (please enter date) and have reviewed his/her health records.

It is my opinion that he/she is physically able to attend the Joyce Zeff Israel Study Tour program and engage in activities except as noted.

Name of Examining Physician (please print): \_\_\_\_\_

Examining Physician's Signature: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_