



Meet the People of Israel

Israelsmissionens Unge

Ungdomssekretær Ulrik Jensen

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MEDICAL REPORT

Name: _____ Sex _____ Age _____

Address: _____

Date of Birth: _____

To the Physician: This person will serve several months in Israel as a volunteer at a social institution or a hospital. The work requires that the person is able to carry and lift people, and it will demand a strong back. Your examination and written recommendations will ensure the ability of the person for this kind of work.

Health History: (Please indicate YES or NO. (Comments below)

Valid tetanus (stivkrampe vaccination held): _____

DISEASES:

Asthma _____

Back-ache _____

Diabetes _____

ALLERGIES:

Hay Fever _____

Insect Stings _____

Animals (which) _____

Operation for serious injuries: _____

Any history of emotional or mental disturbances? If yes, please explain:

Other details of the above: _____

Date: _____ Place: _____

Physicians signature/ stamp: