

I am applying for a trip in the: Summer Season Winter Season Year _____

MEDICAL FORM

NAME OF APPLICANT (please print): _____ DATE: _____

DATE OF BIRTH: _____ TELEPHONE: _____
mm/dd/yyyy

Dear Doctor/Psychiatrist/Therapist,

Your patient has applied to be a participant on a Birthright Israel: Israel Free Spirit trip. They will be part of a group of 40 people for a period of 10 days. During that time, they must participate in a demanding itinerary including hours of walking/hiking each day, early mornings and late nights, rooming with strangers and participating in a daily average of 15 hours of programming.

As we have been made aware of the specific concerns/issues of this patient, we ask you that you sign this form as confirmation that, in your medical or professional opinion, this applicant will be able to fit in socially, physically and emotionally, being able to participate independently as part of the group, deal with early mornings and late nights resulting in lack of sleep without causing any negative impact on they or the other participants.

Please evaluate this applicant’s condition in light of the following factors:

1) I believe that my patient/client will be able to live in a communal environment: They will be sleeping in a dormitory or sharing living quarters with several other people and eating in communal dining facilities.

Please check the box if you agree or disagree **Agree** **Disagree**

2) I believe that my patient/client will be able to participate in extensive tours of the country, which will include walking long distances, climbing, hiking, swimming and other strenuous activities.

Please check the box if you agree or disagree **Agree** **Disagree**

3) I believe that my patient/client is physically and emotionally able to attend and participate in Birthright’s demanding itinerary including hours of walking/hiking each day, early mornings and late nights.

Please check the box if you agree or disagree **Agree** **Disagree**

Israel Free Spirit intends to rely on your confirmation in making determination of acceptance for or continuation of the applicant in the program. **Omissions or mis-statements may jeopardize the safety of the applicant and/or the other participants on the trip.** Israel Free Spirit may be in contact with you if deemed necessary.

The information on this form shall be held by Israel Free Spirit as strictly confidential.

I confirm that should any participant upon arrival in Israel, or during their stay, be found to be suffering from any condition, psychological or physical, that is not fully disclosed may, at the sole and absolute discretion of Israel Free Spirit or its representatives in Israel or in the US, be returned to his/her place of origin at the participant’s own expense (and there shall be no refund on monies paid for the program). Israel Free Spirit is released from responsibility or liability whatsoever arising out of any aspect of this participant’s medical history and psychological or physical condition.

It is imperative, as a safeguard to the health of the participant, that the information you provide be as complete and precise as possible. The applicant has given Israel Free Spirit permission to contact you with any concerns.

