

Medical questionnaire (filled out by a family physician)

Applicant information:

Identity number Last name First name Date of birth Father's name Sex

Dear Doctor, please note! Incomplete and/or inaccurate medical information reported could risk the health of your patient as well as the national service population treated (children, adolescents, elders, hospitalized patients, etc).

Please marking X in the appropriate place to answer the following questions

<u>The phenomenon</u>	DIAGNOSED AS SUFFERING		ADMITTED TO HOSPITAL		Date and Place of hospitalization
	Yes	No	Yes	No	
1. Neurological diseases (including Epilepsy)					
2. Endocrine diseases					
3. Hematologic diseases (including Anemia)					
4. Eye diseases, Nyctalopia, laser therapy					
5. Ear-Nose-Throat diseases					
6. Respiratory problems (including Asthma)					
7. Heart disease, heart defects, Hypertension					
8. Kidney diseases and Urinary Tract Infections					
9. Diseases of the Digestive tract and liver					
10. Joint diseases, Musculoskeletal disorders (including bone fractures)					
11. Skin diseases					
12. Malignant diseases					
13. Psychological/Psychiatric treatment					
14. Tuberculosis					

<u>The phenomenon</u>	Yes	No	If Yes, list
1. Patient is currently taking prescription medications			
2. Sensitivity to medications			
3. Sensitivity to food / bites			
4. Underwent specific medical examination			
5. Currently under medical supervision / follow up			
6. Underwent surgical procedures / surgeries			
7. H.I.V specific (sick / carrier)			

When possible, please attach a detailed medical information letter, hospitalization papers copies, or periodic hospital follow ups copies.

Notes: _____

Physician's statement:

I hereby declare that to the best of my knowledge all medical information indicated is credible and I have not withheld any medical information

Doctor's name Signature Stamp Date

I hereby declare that the above qualifies to serve at a national service.

Doctor's name Signature Stamp Date

Candidate questionnaire for national service (to be filled out by the applicant)

Dear applicant, please fill out the questionnaire accurately and completely. This medical information will allow us to provide you the best and most appropriate service post.

1. Have you ever undergone surgeries/ hospitalizations before? If yes, please provide information:

2. Do you have any medical disability that could affect your ability to work?
If yes, please provide information:

3. Are you currently taking prescription medications and/or pharmaceutical drugs? Please list:

4. Have you ever abused alcohol, soft/hard drugs? If yes, please provide information:

Have you been treated by the school counselor?	Yes / No
Have you been treated by a psychologist?	Yes / No
Have you been treated by a psychiatrist?	Yes / No
Have you taken medications or taking medications at current times?	Yes / No
Please list: _____	
Have you been treated in a psychiatrist institution?	Yes / No
If so, when? _____	

Health condition: Normal /abnormal. Please list:

If a diagnosis or in case of any medical problem, please detail its' predications on your daily functions and routines:

Volunteer Statement:

I hereby declare I am fully aware and agree that the authority appointed over the national service by judgment can request a physical exam which I will carry out by demand, as well as introduce any medical paper requested.

My signature constitutes for a medical non-disclosure agreement. By this, I allow the voluntary association to address the medical causes treating me.

 Date Identity number Last name First name Signature