



## The Hebrew University of Jerusalem

The Robert H. Smith Faculty of Agriculture, Food & Environment  
The Division for External Studies

# M.Sc. MEDICAL CERTIFICATE

First name of applicant:

Family name of applicant:

1. This form is to be completed by a **medical officer** of the Ministry of Health of the applicant's country of residence or by a **registered medical practitioner** approved by such Medical Officer.
2. It must be completed **only after a thorough clinical examination and laboratory tests**, including blood tests, urinalysis and chest x-ray.
3. **Laboratory results must be submitted** together with this certificate.
4. The results and certificate must be **current** (conducted no more than 1 month prior to their submission).
5. The results and certificate must be placed by the medical officer/practitioner in a **sealed, signed and stamped envelope** (sign and stamp along the sealed portion of the envelope) and submitted by the applicant together with the Program Application.

Country of origin:	Date of birth (dd/mm/yy):	Gender:
Length of acquaintance of medical officer/practitioner with applicant's medical history and condition (please circle the correct description):		
New patient (first visit)	3-8 years	
Less than 1 year	More than 8 years	
1-3 years		

## MEDICAL HISTORY

If the answer to a question is yes, give dates in the box on the right and basic details on a separate page.

To the best of your knowledge, including your examination and lab results, has the applicant suffered in the past from problems related to:

	Yes	No	
Heart (cardiovascular)?			
Lung and respiratory system (TB, asthma, tumor, etc.)?			
Stomach, intestines, liver, kidney (nephritis, stones, etc.)?			
Nervous system (convulsions, stroke, mental illness, stress related disorders, etc.)?			
Glandular system (such as goiter, diabetes, anemia)?			
Skin, muscles, bones, joints?			
Sensory organs (eyes, ears, etc.)?			
STD (sexually transmitted diseases)?			
HIV?			



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### MEDICAL EXAMINATION

<b>1) BLOOD PRESSURE</b>	Systolic	Diastolic
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If the answer to a question is yes, please give details in the box on the right or on a separate page.

<b>2) URINANALYSIS:</b> Is sugar present?	Yes	No	
Is albumen present?	Yes	No	
<b>3) Is there evidence of <b>ABNORMALITY</b> of:</b>			
Heart and cardiovascular system?	Yes	No	
Lung (emphysema, etc.) ?	Yes	No	
Abdomen (liver, spleen, hernia or other)?	Yes	No	
Head and neck (vision, hearing, speech, thyroid, etc.)?	Yes	No	
Nervous system (including hospitalization for mental illness or treatment for stress-related disorders)?	Yes	No	
<b>4) Does the examinee <b>CURRENTLY SUFFER</b> from:</b>			
Infectious diseases (TB, trachoma, malaria, bilharzias, leprosy,...)?	Yes	No	
STD (sexually transmitted diseases)? (Please attach lab results)	Yes	No	
HIV (Please attach lab results)?	Yes	No	
Wounds or diseases requiring medical treatment?	Yes	No	
Chronic physical, mental or emotional states or problems?	Yes	No	
<b>5) Does the examinee <b>REQUIRE MEDICATION</b> or have any <b>DIETARY RESTRICTIONS</b> due to health conditions?</b>	Yes	No	
<b>6) For women: Is the examinee <b>PREGNANT</b>?</b>	Yes	No	

### CONCLUSION

Given the applicant's medical history and present mental and physical state, is he/she fit to travel by air and study abroad for an extended period in an intense and highly demanding academic program?	Yes	If no, please explain:
	No	
Name and address of medical practitioner (please print clearly):		Official stamp of office
Signature:	Date (dd/mm/yy):	