In Association With Central Agencies of Jewish Education Youth Movements and Organizations

OF THE LIVING INTERNATIONAL

ADULT Medical Data Form

FOR THE PRIMARY CARE PHYSICIAN

NOTES TO THE EXAMINING PHYSICIAN

- 1. Each March participant will face a new and strenuous environment, which will be physically and emotionally stressful. They will be living, eating and sleeping in a communal environment. They will be expected to participate in activities which will include long bus rides, walking long distances and other strenuous activities. They will visit places such as Auschwitz, Majdanek and Treblinka, where they will be emotionally affected. Therefore, it is essential that this medical report be as complete and precise as possible. Please bear in mind that the medical facilities available for participants will cover only acute illness and accidents. There are no facilities available within the framework of the March for the treatment of chronic disturbances.
- 2. This form should only be completed by you if you have known the applicant for at least the last 18 months. In addition, if the applicant has been under the care of a specialist (i.e. cardiologist, neurologist, psychiatrist, psychologist, social worker, etc.) it is essential that the specialist submit a written report for use by the staff of the "March" to better service the applicant.

- 3. If the applicant is required to continue receiving medication while participating in the program, he/she should be given a medical letter giving full details. Since medicine is not often available under the same trade name as in the United States, the full generic name should be given.
- **4.** It is our intention to rely on this completed form and supplementary letters in determining the final acceptance of the applicant into this program.
- **5.** If you become aware of changes in the applicant's medical or psychological condition, please notify the central office of the March of The Living.
- 6. The information on this report and all supplementary material shall be held strictly confidential.
- If you have any concern about the participation of the patient in this program, please contact the central office of the March of the Living.

PHYSICAL EXAMINATION

(to be completed by a licensed physician)

	Normal	Abnormal	Describe Abnormality
HEIGHT			
WEIGHT			
BLOOD PRESSURE			
ALLERGIES			
DRUG ALLERGIES			
General Build			
Head			
Ears			
Eyes			
Nose			
Throat			
Neck			
Chest, lungs			
Heart			
Abdomen			
G.U. System			
Extremities			
Spine			
Skin, Lymphatics			
Nervous System			
Mental/Psychological State			
,			
significant past illnesses	or emotional problems which m	ight have a bearing on the partici	ipant's nealth while
he/she is away			
present physical or emotion	nal problems		
medications - If so, list det	ailed prescription and exact instruc	tions	
dietary restrictions			
restrictions on physical act	livity		
Required:	Optional		
Tetanus Date	Influenza Date	Pneumococ	ccus Date
My recommendations are as follows	ows:		
Name of Doctor			
Address			
Telephone # ()	Date		

Stamp & Signature Of PhysicianLicense#

PHYSICIAN'S STATEMENT

Name of Applicant: Email Email

I have read the above medical form and thereafter have examined the above named participant and have recorded the results above which represent, to the best of my knowledge, all of the applicant's medical history and my findings. In my opinion, the applicant is

- **u** capable of participating in the March of the Living program.
- □ incapable of participating in the March of the Living program (as outlined in the notes).

I have known the applicant for years.

I understand that the leadership of the "March of the Living" and its representatives will rely on my report and findings.

* If you become aware of a change in the applicant's medical condition, please notify the:

International March of The Living

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