

CONFIDENTIAL

HEALTH DECLARATION

This document is to be filled out by an Aliyah candidate requesting an Aliyah visa to Israel according to the Law of Return, through the Aliyah Office of the Jewish Agency for Israel.

A. Personal information:

Last name _____ Male Female

First name _____

Date of birth ____ / ____ / ____
day month year

Approximate date of Aliyah _____

B. Information on candidate's medical condition:

1. Are you in good physical health and are you capable of fulfilling daily tasks independently?

Yes No

If not, please specify: _____

2. Have you suffered in the past, or are you currently suffering, from one of the following illnesses:

Epilepsy Heart disease Diabetes
 Asthma Cancer HIV
 Kidney failure Tuberculosis HIV carrier

If you answered "Yes", please indicate the following:

When did you contract this illness? _____

When you were last treated for the above illness/es? _____

3. Are you taking any medications: Yes No

If so, please indicate:

1. _____ Purpose _____ Daily dosage _____

2. _____ Purpose _____ Daily dosage _____

3. _____ Purpose _____ Daily dosage _____

4. If you suffer from any disability, please indicate:

Type of disability _____

Reasons and start of disability _____

If you require ongoing medical treatment for this disability, please note the type of treatment you require _____

5. Are you currently suffering, or have you suffered in the past, from any mental illness?

Yes No

If so, please specify:

Name of illness: _____

Date of last doctor's treatment for this illness _____

If you were hospitalized, please provide date of latest hospitalization: _____

6. In the past have you ever take, or are you currently taking, either occasionally or on a regular basis any of the following:

– Addictive medications Yes No

– Drugs (of any kind) Yes No

– Alcohol Yes No

If so, indicate:

Name of medication/drug _____

When did you last take it? _____

7. For women:

Are you pregnant? Yes No Estimated date of delivery _____

8. Can you endure the flight to Israel? Yes No

If necessary, please consult with your family physician.

Candidate's Declaration:

I hereby declare that the details provided above are correct and was given with the knowledge that they will serve as a basis for considering our request for Aliyah to Israel and as a basis for information and disposition in this regard.

Furthermore, I am aware that this statement does not absolve us from the need to produce medical documents, from our family physician or medical institution, as requested by the Aliyah office.

Candidate's name and signature _____

Spouse's name and signature _____

Date: _____

FOR USE BY THE ALIYAH OFFICE

The candidate has been asked to produce additional medical documents Yes No

Details of documents requested _____

Documents are attached _____ Yes No

The candidate has been asked to undergo a medical examination Yes No

Findings of the examination _____

Name of Aliyah Shaliach _____

Date _____