

CONFIDENTIAL**HEALTH DECLARATION - for minor child (under 18)**

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 on the minor:

Last name _____ ☐ Male ☐ Female

First name _____

Date of birth ____ / ____ / ____
day month year

Approximate date of Aliyah _____

Making Aliyah with parents? ☐ Yes ☐ No

If not, indicate who in Israel is responsible for the minor:

Name: _____

Address: _____

Telephone: _____

B. Information on candidate's medical condition:

1. Is the child in good physical health and is s/he capable of fulfilling daily tasks independently? ☐ Yes ☐ No

If not, please specify: _____

2. At the time of the request for Aliyah is the child:

Attending regular/special needs school –and is in what grade? _____

If the child attends special school or is in a special class, please specify:

The child is working _____

3. Has the child suffered in the past, or is s/he 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 s/he contract this illness? _____

When s/he was last treated for the above illness/es? _____

4. Is the child taking any medications: ☐ Yes ☐ No

If so, please indicate:

1. Name of medication _____ Purpose _____ Daily dosage _____

2. Name of medication _____ Purpose _____ Daily dosage _____

3. Name of medication _____ Purpose _____ Daily dosage _____

5. If the child suffers from any disability, please indicate:

Type of disability _____

Reasons and start of disability _____

Are there functional restrictions _____

If your child requires ongoing medical treatment for this disability, please note the type of treatment s/he requires _____

6. Is your child currently suffering, or has s/he 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 s/he was hospitalized, date of latest hospitalization _____

7. Has your child taken in the past, or is s/he currently taking, either occasionally or on a regular basis:

– Addictive medications ☐ Yes ☐ No

– Drugs (of any kind) ☐ Yes ☐ No

– Alcohol ☐ Yes ☐ No

If so, indicate: Name of medication/drug When did s/he last take it _____

8. Can your child endure the flight to Israel ☐ Yes ☐ No

If necessary, please consult with your family physician.

C. Parents' Declaration:

I/we 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 child's 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 me from the need to produce medical documents, from our family physician or medical institution, as requested by the Aliyah Ministry.

Father's name and signature _____

Mother's name and signature _____

Date: _____

In the event that the child makes Aliyah with only one parent, that parent shall sign the himself/herself and prove that s/he has sole custody of the child, or submit to the Shaliach the other parent's authorization for the child's Aliyah.

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 _____