

Confidential

The Jewish Agency for Israel – Aliyah and Absorption Unit

In _____ Date: _____

Health Declaration by Aliyah Candidate

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 and Absorption Unit of the Jewish Agency.

A. **Personal information**

Last name _____ Male ___ Female ___
First name _____

Date of birth ___ ___ ___ Expected date of Aliyah _____
 day month year

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 currently suffering from a chronic or infectious illness? Yes / No
If Yes, please indicate the name of the illness: _____
Were you hospitalized for this illness? Yes / No
If Yes, date of last hospitalization? _____

3. Are you taking any medications? Yes / No
If Yes, please indicate:

1. _____	_____	_____
Name of medication	Purpose	Daily dosage
2. _____	_____	_____
Name of medication	Purpose	Daily dosage
3. _____	_____	_____
Name of medication	Purpose	Daily dosage

4. Do you suffer from any physical disability, Yes / No
If Yes, please indicate type of disability _____
If ongoing treatment is required for this disability, please indicate the type of treatment required _____

5. Have you suffered in the past or currently suffering from any mental illness? Yes / No
 If Yes, please indicate the name of the illness: _____
 Date of last treatment for this illness _____
 If you were hospitalized, date of latest hospitalization _____
6. Have you taken in the past, or are you currently taking, occasionally or on regular basis?
 – Addictive medications Yes / No
 – Drugs (of any kind) Yes / No
 If Yes, indicate: Name of medication/drug _____
 When did you last take it? _____
 Were you hospitalized or treated as a result of the use? Yes / No
7. Were you in the past, or are you currently, addicted to alcohol? Yes / No
 If Yes, Were you hospitalized or treated as a result of the use? Yes / No
8. For women:
 Are you pregnant? Yes / No Estimated date of delivery: _____
9. 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 were given with the knowledge that they will serve as a basis for considering my 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 my family physician or medical institution, as requested by the Aliyah Unit.

Candidate's name and signature _____

Spouse's name and signature _____

Date: _____

FOR USE BY THE ALIYAH UNIT

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 Shaliach: _____ Date: _____

Date, of Zakaut's Aliyah approval: _____

06/12/2022