

5. Does the child 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 treatment your child requires _____

6. Has the child 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 the child was hospitalized due to this illness, date of latest hospitalization: _____

7. Has the child taken in the past or 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 he/she last take it? _____
 Has your child been hospitalized or treated as a result of the use? Yes / No

8. Has the child been, or is currently, addicted to alcohol? Yes / No
 Was the child hospitalized or treated as a result of the use? Yes/No

9. Can the child endure the flight to Israel Yes/No
 If necessary, please consult with your family physician.

Parents' 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 our request for the Aliyah of our child to Israel and as 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 Unit.

Parent's name and signature _____

Parent's name and signature _____

Date: _____

In the event that the child is making Aliyah with only one parent, that parent shall submit to the shaliach the other parent's consent for the child's Aliyah, or prove that he/she has sole custody of the child.

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