



SAR-EL
Volunteers for Israel

Applicant's First and Last Name: _____

MEDICAL APPROVAL FORM for SAR-EL VOLUNTEER PROGRAM

FOR THE SAR-EL APPLICANT: The Sar-El Volunteer Program is physically and mentally demanding. Volunteers must be able to perform manual labor, including bending, lifting and standing for 4-6 hours (with rest breaks), in potentially hot/humid/dusty living and working environments, under sometimes stressful situations. Volunteers will be accommodated in spartan, barracks-like conditions and must be able to listen to, and abide by directions, especially during sirens, ambulating to bunkers within 30-90 seconds, as needed.

NOTE: This Medical Approval Form is valid for one year from the date signed by your Physician below, and must be valid through the end of your volunteer program. All volunteers returning within one year of the exam date are required to disclose any **new medical conditions** warranting a new exam and/or reconsideration of a volunteer's eligibility.

Applicant's Signature: _____ Date: _____

Please provide this document to your physician to complete the entire form below the dotted line.

FOR THE HEALTHCARE PROVIDER: Your evaluation is important to us. Ours is a **WORK** program that involves austere living conditions and other stressors related to visiting and working in a foreign country, as noted above. Please consider these conditions when certifying that the applicant is fit for our program.

Volunteer Name: _____ DOB: _____

Allergies: _____

Current Medications/Surgeries: _____

Physical Overview:

Is the applicant able to perform physical labor, including lifting and carrying? _____

Is their cardiac/respiratory status acceptable for heat/dust exposure and physical exertion? _____

Can applicant walk over an uneven surface without assistance? _____

Psychological Overview:

Is the applicant flexible, agreeable and capable of working/associating with new people? _____

Does applicant have any history of mental illness, significant depression or bipolar disorder? _____

Does applicant use any anti-psychotic medications or illegal drugs? _____

Is applicant currently under the care of a psychiatrist? ____ If yes, name: _____

I hereby certify that _____ has been examined and I ☐ DO/ ☐ DO NOT consider them physically and psychologically qualified to participate in the Sar-El Volunteer Work program as outlined above.

Physician Printed Name: _____

Physician Signature: _____ Date: _____

Medical license number: _____ State/Country of issue: _____