

INSURANCE INFORMATION and PHYSICIAN'S REPORT  
for JEZREEL VALLEY REGIONAL PROJECT  
2017 EXCAVATION PARTICIPANTS

All participants in the Jezreel Valley Regional Project excavations are required to show proof of valid medical insurance valid in Israel. Please (1) fill in the appropriate information and (2) include a copy or scan of your insurance card. Additionally, since archaeological work is strenuous, it is necessary for the project directors to be certain about the physical and mental suitability of the excavation's volunteers. Please fill out this form as accurately as possible, authorize the release of medical information by your physician, and have the physician sign and date the form. The directors reserve the right to dismiss any participant (without reimbursement) who supplies false medical or insurance information.

Your Name: \_\_\_\_\_

Insurer: \_\_\_\_\_ Primary Policy Holder: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

I have checked my policy regarding my coverage when travelling abroad: \_\_\_\_\_ (initial here)

Personal Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Height (in feet): \_\_\_\_\_ Weight (lbs): \_\_\_\_\_ Blood Type: \_\_\_\_\_

Allergies: \_\_\_\_\_

Do you carry an EpiPen or other emergency medication for a life-threatening allergy? \_\_\_\_\_

Current Medication(s): \_\_\_\_\_

Please list any hospitalizations, surgeries, or injuries (including dates): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you wear glasses? \_\_\_\_\_ Contact lenses? \_\_\_\_\_ Are you color blind? \_\_\_\_\_

We require a current tetanus inoculation. Date of last tetanus booster: \_\_\_\_\_

The directors recommend volunteers to discuss the suitability of a Hepatitis A vaccination with their personal physicians. Have you received a vaccination? \_\_\_\_\_ Date: \_\_\_\_\_

<b>Do you now or have you ever suffered from, been diagnosed with, been treated for or live with any of the following illnesses or conditions:</b>			
ADHD		Heart Murmur	
Angina		Hepatitis	
Arrhythmia		Hernia	
Arthritis/Bursitis		Hypertension	
Asthma		HIV +	
Are you on the Autism Spectrum? (Autism/PDD-NOS/Asperger Syndrome/etc.)		IBS	
Autoimmune Disorders		Kidney Disease	
Bladder Infections		Kidney Stones	
Bleeding Disorders		Mental Health Disorders	
Cancer		Migraines	
Chronic Back Pain/Mobility Issues		Pacemaker/Implanted Defibrillator	
Crohn's Disease/Colitis		Seizure Disorders/Epilepsy	
Depression/Anxiety Disorders		Skin Diseases	
Diabetes		Substance Abuse	
Dysentery		TB	
Goiter/Hashimoto's/Thyroid Disorder		Ulcers	
Hearing Impairment, Recurrent Ear Infections		Visual Impairment/Glaucoma	

If you answered "yes" to any of the previous questions, please explain the nature or your condition(s) in further detail and extent to which it will affect your ability to participate in the physical and/or communal components of the excavation.

Applicant's Release of Medical Information:

\_\_\_\_\_  
Name of Participant (please print)

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

### PHYSICIAN REPORT

In addition to the information above, please describe the applicant's overall physical and mental health, noting any details that might impair his/her ability to perform strenuous physical labor in hot weather and work amicably in a close-knit community of volunteers.

Name of applicant: \_\_\_\_\_

\_\_\_\_\_  
Name of Physician (please print)

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date