

Tel Hadid Excavation Project Medical Status Questionnaire

Name: _____

All participants must be of sound mind and body, enabling participation in an exerting physical act activity in outdoor conditions. Participants are required to undergo a medical exam prior to the excavation and present a Medical Doctor's authorization.

Participant's Declaration:

I am of sound mind and body and can participate in the physical demands of the excavation.

Signature of Applicant: _____ **Date:** _____

Note to applicants and Physician

The purpose of this medical form is to help the Tel Hadid excavation project assess your physical soundness for strenuous work and a rigorous daily schedule. The form also assists any nurse or attending physician during the excavation project. In addition, it assists the applicant and physician to consider carefully the applicant's ability to perform archaeological fieldwork and travel overseas. We ask for your own protection to be completely candid and address all questions as accurately as possible.

Medical History

Have you consulted a Physician for any reason in the past 18 months (even for colds, flu, etc.), please give dates, reasons and results. _____

If you have ever been hospitalized for a major physical or mental illness, surgery or injury, please give year, reason and results.

Do you now or have you ever had any allergies or any allergic reactions to drugs, injections, or insect bites? Yes _____ No _____

Details: _____

Are you now taking (or have you taken within the last year) any medication or medical treatments, physiotherapy, etc.? Yes _____ No _____ If yes, for what?

Have you been in the past year or are you currently restricted by a physician to participate in any physical activities? Yes _____ No _____

Give Details: _____

Have you been in recent contact with any serious infectious diseases (tuberculosis, hepatitis, etc.)
 i.e. family, immediate friends or coworkers? Yes ____ No ____
 If yes, give details and dates:

Do you wear glasses? Yes No If so, will you need to wear them while you dig? Yes No

Do you wear contact lenses? Yes No If yes, will you wear glasses while excavating? Yes No
 Are you color blind? Yes No

Do you smoke? Yes No

Have you ever had any of the following? (Please give details as to date, severity, specific names of ailments, duration, and medications required for all conditions to which you answer "yes.")

	YES	NO
Frequent eye infections, sight impairment, and glaucoma	_____	_____
Hearing impairment, persistent ear infections	_____	_____
Diabetes	_____	_____
Tuberculosis	_____	_____
Pneumonia or Pleurisy	_____	_____
Cancer or malignancy	_____	_____
Asthma or wheezing, frequent shortness of breath	_____	_____
Severe skin disease, irritations, infections	_____	_____
Goiter or thyroid disease	_____	_____
Collapsed lung	_____	_____
Chronic cough	_____	_____
Palpitations of the heart or arrhythmias	_____	_____
Persistent heart murmur	_____	_____
Pressure around the heart	_____	_____
High blood pressure	_____	_____
Dysentery (bacterial, amoebic, parasitic)	_____	_____
Recurrent diarrhea or colitis	_____	_____
Yellow jaundice or Hepatitis	_____	_____
Stomach or duodenal ulcer	_____	_____
Gastritis or recurrent heartburn	_____	_____
Kidney or bladder infections	_____	_____
Varicose veins	_____	_____
Kidney stones	_____	_____
Back injury or strain, recurrent back pain	_____	_____
Difficulty walking/climbing, painful joints (bursitis, arthritis)	_____	_____
Serious head injury	_____	_____
Hernia (rupture)	_____	_____
Fainting spells, dizziness, unconsciousness	_____	_____
Epilepsy, convulsive seizures	_____	_____
Migraine or other headaches (except occasional headaches)	_____	_____
Nervous, emotional troubles	_____	_____
Anemia (low blood count)	_____	_____

Typhoid Fever
Tuberculosis
Details:

For your own health's sake, you must inform the excavation of any significant changes in your medical status prior to departing for Israel.

Emergency Contact Information

Name: _____ Relationship: _____

Street Address/P.O. Box: City: _____

State/Province: Postal Code: Country: _____

Home Phone: _____ Work Phone: _____ Fax: _____

General Assessment

Normal (#)

Abnormal

Details

General appearance			
Blood pressure			
Blood type			
Pulse rate (per. Min)			
Height (inches w/ shoes)			
Weight (lbs. clothed)			
Weight (one yr ago)			
Skin			
Lymph nodes			
Ears			
Mouth/teeth/pharynx			
Breasts			
Chest and lungs			
Cardiac			
Abdomen			
Hernia (male only)			
Genitalia (male only)			
Upper extremities			

Lower extremities
Back/spine
Rectal (if any history)
Peripheral vascular
system
Neurological
Emotional stability
Other observations

The Tel Hadid Excavation Project requires volunteers to have a tetanus booster current within three years. Please indicate the most recent date the applicant (your patient) received this booster: _____

Recent findings have indicated an increasing occurrence of Hepatitis A in the region in which we will be excavating and perhaps traveling. We therefore urge all applicants to discuss with their physician the suitability of the Hepatitis A inoculation for them. Has this been discussed? Yes _____ No _____

Hepatitis A inoculation received? Yes _____ (Date: _____) No _____

Physician's Summary

Please list all significant impairments and diagnoses below.

Do you have any reservations about recommending this individual for participation in the kinds of strenuous outdoor activities outlined in this examination? Yes _____ No _____

If "yes," please explain: _____

Physician's Authorization:

I have medically examined the applicant (_____) and believe him/her to be of sound health, enabling participation in the excavation and foreign travel.

Signature of examiner: _____ Date: _____

Name of examiner (printed): _____

Complete Address: _____

Telephone: () ext. _____

Thank you for your evaluation of this applicant for overseas travel and archaeological research

Health Insurance.

All participants in the excavation must have health and accident insurance, which are valid in Israel.

Insurance Company: _____

Policy #: Expiration Date: _____

I have read the above statement and understand that I must have medical and accident insurance that are valid in Israel. I certify that I am so covered while in Israel.

The Tel Hadid Archaeological Project can refer volunteers to physicians or hospitals in case of accident or illness. However, it must be understood that the costs of medical care and hospitalization will be borne by the volunteer and not by the Tel Hadid Archaeological Project, the project directors and staff, and/or affiliated institutions.

I understand my responsibilities regarding health and medical care.

Signature: _____