

INSURANCE INFORMATION and PHYSICIAN'S REPORT
for JEZREEL VALLEY REGIONAL PROJECT
2023 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: _____

| 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: | | | |
|--|--|-----------------------------------|--|
| 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 of 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