

Confidential

The Jewish Agency for Israel – Aliyah and Absorption Unit

In _____ Date: _____

Health Declaration by Aliyah Candidate

This document is to be filled out by an Aliyah candidate requesting an Aliyah visa to Israel according to the Law of Return, through the Aliyah and Absorption Unit of the Jewish Agency.

A. Personal information

Last name _____ First name _____ ☐ Male ☐ Female

Date of birth _____ Expected date of Aliyah _____
Day Month Year

B. Information on candidate's medical condition

1. Are you in good physical health and are you capable of fulfilling daily tasks independently? **Yes / No**
If not, please specify: _____

2. Have you suffered in the past or currently suffering from a chronic or infectious illness? **Yes / No**
If Yes, please indicate the name of the illness: _____

3. Were you hospitalized for this illness? **Yes / No**
If Yes, date of last hospitalization? _____

4. Are you taking any medications? **Yes / No**
If Yes, please indicate:

• _____	_____	_____
Name of medication	Purpose	Daily dosage
• _____	_____	_____
Name of medication	Purpose	Daily dosage
• _____	_____	_____
Name of medication	Purpose	Daily dosage

5. Do you 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 type of treatment required

6. Have you 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 you were hospitalized, date of latest hospitalization : _____

7. Have you taken in the past, or are you 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 you last take it? _____

Were you hospitalized or treated as a result of the use? **Yes / No**

8. Were you in the past, or are you currently, addicted to alcohol? **Yes / No**

If Yes, were you hospitalized or treated as a result of the use? **Yes / No**

9. For women:

Are you pregnant? **Yes / No** Estimated date of delivery: _____

10. Can you endure the flight to Israel? **Yes / No**

If necessary, please consult with your family physician.

Candidate's 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 my request for Aliyah to Israel and as a 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 my family physician or medical institution, as requested by the Aliyah Unit.

Candidate's name and signature: _____

Spouse's name and signature: _____

Date: _____

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: _____