

Confidential

The Jewish Agency for Israel – Aliyah and Absorption Unit
Place _____ Date: _____

Health Declaration by Aliyah Candidate

This declaration is required for the purposes of guidance for optimal Aliyah and integration in Israel, whether with a Jewish Agency absorption program or with direct community absorption.

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 no, please specify: _____

2. Have you suffered in the past or are you currently suffering from any illness that requires specific treatment? **Yes/No**

If yes, please indicate the name of the illness: _____

3. Are you taking any medication or other type of treatment? **Yes/No**

If yes, please indicate:

_____	_____	_____
Name of medication	Purpose	Dosage
_____	_____	_____
Name of medication	Purpose	Dosage
_____	_____	_____
Type of treatment	Purpose	Frequency

4. Do you suffer from any 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.

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

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

6. For women:
Are you pregnant? **Yes/No** Estimated date of delivery: _____

7. 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 optimizing my Aliyah process and integration in Israel, as well as reviewing my suitability for a Jewish Agency absorption program.

Candidate's name and signature: _____

Spouse's name and signature: _____

Date: _____

Attached are documents in support of my declaration (optional)

