



Waiver of Medical Confidentiality

st Name Family Name		
Passport/ID Number	Issuing country	
(here in after: the "Candidate"), ha	as been accepted as a student/postdoc	in the department of
	at the Weizmann Institute of S	Science.
(here in after the "Institute"); and one exposure to various hazardous m	•	nstitute, and/or my possible bility to such a position
accurate information, as they more sent diseases, without conc	physician, and/or anyone on his/her behay require, regarding my medical cond tealing any information, and also update n, as long as I continue to be a student/	ition and/or any past/ e them with information
as mentioned above, by the occupational physician, and/or	information regarding my medical cond cupational physician, and/or anyone on onfidentiality regarding the disclosure of ands and/or complaints and/or claims, o towards the Institute and/or anyone on d information, or the conclusions based	his/her behalf, to the such information to the fany kind, towards the their behalf,
Applicant's name	Applicant's signature	 Date