



## Occupational Physician Evaluation

First Name \_\_\_\_\_ Family Name \_\_\_\_\_

Passport/ID Number \_\_\_\_\_ Issuing country \_\_\_\_\_

(here in after: the "Candidate"), has been accepted as a student/postdoc in the department of \_\_\_\_\_ at the Weizmann Institute of Science.

Please examine and evaluate the candidate's medical suitability for such a position.

Below is a signed Waiver of Medical Confidentiality.

\_\_\_\_\_  
Name of sender

\_\_\_\_\_  
Date

## Occupational Physician's Recommendations

Re: First name \_\_\_\_\_ Family name \_\_\_\_\_

I have examined the above candidate and found her/him to be:  Qualified  Not qualified for the relevant position

Comments (only if not qualified): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Occupational physician's name

\_\_\_\_\_  
Date