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מכון ויצמן למדע
WEIZMANN INSTITUTE OF SCIENCE

יחידת הבטיחות
Safety Unit

Statement of Medical Condition

(Please mark the correct answers save and e-mail to yaffa.shahar@weizmann.ac.il)

1) Were you hospitalized in a medical facility within the last 10 years? (Exclude hospitalization for childbirth).

No Yes If yes, please explain (reason, date):

2) Have you ever undergone surgery or invasive treatment/exam?

No Yes If yes, please explain:

3) Have you visited a medical physician in the past two years?

No Yes If yes, please explain what type of physician and the reason for the visit

4) At the moment, are you aware of any kind of illness that you suffer from?

No Yes If yes, please explain

5) Do you use any kind of medical drugs?

No Yes If yes, please explain which drugs and the dosage

6) Have you ever been injured in an accident?

No Yes If yes, please explain when and what drugs you took and what the result of the injury was

7) Do you feel fit and healthy for the work you are about to perform?

No Yes If no, please explain

8) Any comments you wish to add regarding your state of health and fitness for work

I hereby declare that the answers I have filled out are true, accurate and represent my medical condition.

I understand that on the basis of this statement the occupational physician will determine my fitness for work, and by signing a wrong or inaccurate statement I might be risking my health or that of others.

Full name

Signature

Date