



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

Occupational physician's signature

Date