



Waiver of Medical Confidentiality

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.

Since I have been accepted as a _____ at the Weizmann Institute of Science (here in after the "Institute"); and due to the nature of my position at the Institute, and/or my possible exposure to various hazardous materials as part of this position, my suitability to such a position depends on my medical condition, and therefore a medical evaluation that will determine my suitability to perform my duties at the Institute is required.

Therefore, I hereby declare as follows:

1. I will provide the occupational physician, and/or anyone on his/her behalf, with complete and accurate information, as they may require, regarding my medical condition and/or any past/present diseases, without concealing any information, and also update them with information regarding my medical condition, as long as I continue to be a student/postdoc at the Institute.
2. I approve the disclosure of the information regarding my medical condition and/or any disease, as mentioned above, by the occupational physician, and/or anyone on his/her behalf, to the Institute, and I hereby waive confidentiality regarding the disclosure of such information to the institute, and will have no demands and/or complaints and/or claims, of any kind, towards the occupational physician, and/or towards the Institute and/or anyone on their behalf, regarding the above mentioned information, or the conclusions based on it.

Applicant's name

Applicant's signature

Date