Achva
50 Eisenhower Drive, Suite 102
Paramus, NJ 07652
212-929-1525 ext. 181

Personal Health History Instructions
To Be Filled Out by Applicant and Parents

Achva requires medical forms for the safety and well being of all participants during this summer experience. No participant will be allowed on the program without completed medical forms submitted to our office in a timely fashion. Use additional pages, if necessary.

Notes to the applicant and his/her parents concerning the personal health history.

1. This Medical Form should be filled out by the applicant and his/her parents. In addition, if you have been under the care of a specialist (i.e. cardiologist, neurologist, psychiatrist, psychologist, social worker, etc.) you must submit a written report from the specialist giving complete diagnosis, prognosis and evaluation.

2. If you are required to continue receiving medication while under the auspices of the program, you should have a medical letter giving full details. Since, very often, medicine is not universally available under the trade name, the full generic name of all medications should be given by the physician.

3. If any changes take place in your condition after you complete these medical forms, you must submit, before departure, a full explanatory medical letter, detailing diagnosis, prognosis and treatment.

4. It is our intention to rely on this completed form and supplementary letters in determining your acceptance to the program. Omissions or misstatements are at your risk and that of your physician, surgeon, psychiatrist, psychologist or social worker.

5. Should you be found to be suffering from any condition, mental or physical, that is not fully disclosed in this Medical Form or in an accompanying letter from a qualified medical or psychological professional, then:

    (a) You will, at the sole and absolute discretion of those leading the program, be returned home at your expense, or be treated in the location you are visiting, at your own expense, and there shall be no refund of funds paid, and

6. The leadership of Achva and National Council of Young Israel and its agents, are hereby released from all responsibility or liability of any kind whatsoever arising out of any aspect of your medical history and pre-existing mental or physical condition.

National Council of Young Israel
50 Eisenhower Drive, Paramus, NJ 07652
212-929-1525 ext. 181

Achva - Personal Health History
(To be completed by applicant and parents)

Applicants Name:_____ Birth Date:_____ Male ❑ Female ❑

Health Insurance Company:_____ Policy No:_____

Policy Holder's Information: Name:_____ SSN:_____ Birth date:_____

Family History:

Father's Name: _____
❑Living
❑Deceased; (Cause of Death) _____

Mother's Name: _____
❑Living
❑Deceased; (Cause of Death) _____

Siblings (Names and ages):_____
❑ # Living _____
❑ # Deceased; (Cause of Death) _____

Mark an "X" in the box next to the medical condition listed below that applies to your health history or current condition:

__ Anemia
__ Arthritis
__ Asthma
__ Bleeding Disorder
__ Bronchitis
__ Chemical Dependency
__ Chicken Pox
__ Convulsions/
__ Neurological Disorders
__ Diabetes
__ Epilepsy
__ Eye Ailments
__ Fainting
__ Frequent Colds
__ German Measles
__ BI/Stomach Problems
__ Migraines
__ Kidney Problems
__ Measles
__ Menstrual Problems
__ Mono Nucleosis
__ Motion sickness/Vertigo
__ Mumps
__ Orthopedic Fractures
__ Pneumonia
__ Poliomyelitis
__Psychological Problems
__ Rheumatic Fever
__ Scarlet Fever
__ Sinusitis
__ Sleep Walking
__ Thyroid Condition
__ Tuberculosis
__ Tumors
__ Eating Disorders
__ Heart Ailments

Visual:
__ Eye Glasses
__ Contact Lenses

Allergies:
__ Hay Fever
__ Insect stings
__ Penicillin
__ Other

Vaccinations:
__ Polio (Salk) Date _____
__ Tetanus Date _____
__ Measles Date _____
__ Mumps Date _____
__ Rubella Date _____

I give my child permission to take the following medication(s) (please mark an "**X**" next to **at least** 1):

__Dramamine __Tylenol __Pepto Bismol __Immodium __Advil/Ibuprofin ☐ All

☐ None

-continued on other side-

Name of Applicant: _____

1. If you checked any of the above, please give details concerning the medical condition, including a description of the condition and the name and address of the treating physician. Please include the dates those treatments occurred.

_____

_____

_____

2. Have you undergone any operations or sustained any serious injuries? If yes, give a description of the operation or injury including the name and addresses of the treating physicians.

_____

_____

_____

3. What, if any, current medications are you taking right now and for what medical or psychological conditions? Please include any known side effects.

_____

_____

4. Condition of Health: _____

Are you able to participate in a strenuous program?_____

5. Describe any disabilities or restrictions, if none, write "none". _____

_____

6. Are you currently or, in the last 5 years been, in therapy? _____
If so, what type of therapy was it_____
Date(s) of consultation_____Reason_____

7. Name and office address of family physician:

Name: _____Telephone:_____

Address: _____

8. **Applicant's & Parent's Statement**

We have read and agree to the "Notes to the Applicant". We hereby certify that to the best of our knowledge, the above Personal Health History is complete in all its details and realize that any condition, mental or physical, that the applicant is found to have originating prior to the Achva Program, and which is not described fully in this form or in any accompanying letter will be due cause for the applicant's return home, or treatment on location, solely at our expense, and that Achva or the National Council of Young Israel (NCYI) and its representatives or agents have neither responsibility or liability arising out of such condition. All medication is at my own expense, and has been detailed in this form or in letters. In case of a medical emergency, the Achva staff or healthcare professional selected by them has authorization to order whatever medical or surgical treatment is deemed necessary for my child. We assume all responsibility and will indemnify and hold harmless Achva, NCYI, its officers, directors, agents and employees for any claims, suits, costs or liability for any damage including personal injury, caused to or by my child.

Applicant's Signature _____Date _____

Signature of Parent or Guardian_____Date_____

All above information must be filled out completely and will be treated confidentially.