

Medical Status Report

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Revised October 8, 2012

PURPOSE OF THE FORM:

This form will allow excavation staff to assess the physical, mental, and emotional fitness of the applicant and to alert applicants who may not be medically fit for **strenuous work** and **difficult living conditions** on the excavation to reconsider their application. Living under stressful conditions and in a semi-tropical environment may cause otherwise minor ailments to become significant problems and may alter the effects of some medications. On many excavations participants experience recurrences of physical problems or problems with their medications which have adversely affected their participation. As a result, some persons require special medical attention that is available only at a hospital and others are often forced to leave prematurely. We ask, therefore, that you be completely candid in completing this. Failure to disclose known medical conditions may jeopardize your participation.

MEDICAL HISTORY

THIS SECTION IS TO BE COMPLETED BY THE APPLICANT BEFORE SEEING A PHYSICIAN

Full Name:

Address:

Name of medical/accident insurance plan:

Type of coverage:

Address and phone number of Company:

Policy No.:

Group No. (if applicable):

If you have ever been hospitalized for a major physical or mental illness, surgery or injury, please give reason and result.

Do you now or have you ever had any allergies or any allergic reactions to drugs, foods, injections or insect bites? Yes No Provide details.

Have you been in the past year or are you currently restricted by a physician in any physical activities? Yes No Give details.

Have you had any of the following? (If yes to any of these questions, please provide details including specific ailment, dates, medications and results in the space below.)

	Yes	No
Sight impairment, frequent eye infections, glaucoma		
Hearing impairment, ear infection		
Diabetes		
Polio (with deformity resulting)		
Cancer		
Frequent shortness of breath, asthma or wheezing		
Severe skin disease, irritations, infections		
Chronic cough		
Palpitations of heart or arrhythmias		
High blood pressure		
Dysentery		
Recurrent diarrhea or colitis		
Yellow Jaundice or Hepatitis		
Stomach or duodenal ulcer		
Kidney or bladder infection, kidney stones		
Back injury/strain, recurring back pain		
Difficulty walking/climbing, painful joints (bursitis, arthritis)		
Serious head injury or other neurological disorder		
Hernia, rupture		
Fainting spells, dizziness		
Epilepsy, seizures		
Migraine headaches		

PHYSICAL EXAMINATION
THIS SECTION IS TO BE COMPLETED BY THE PHYSICIAN

Note to Physician: This examination is required in order to determine the individual's physical and emotional health and his or her ability to withstand strenuous outdoor conditions during an archaeological excavation. Physical labor such as climbing ladders, bending and lifting dirt and rocks, and extended use of picks and shovels performed in the humid climate of coastal Israel typifies this work. Considerable time is spent in direct, intense sunlight. Disorders of the muscular and skeletal systems, especially of the lower back should be noted. The presence of dust necessitates careful consideration of those with respiratory disorders, especially asthma. Noticeable obesity is a serious problem for volunteers of all ages. Heart problems and skin diseases must be carefully evaluated, especially in older individuals, and should be reported here.

Please check the appropriate column. Describe abnormal findings in detail.

	Normal	Abnormal	Details
Pulse rate: per min.			
Weight one yr. ago: lbs.			
Ears			
Mouth, teeth, pharynx			
Cardiac			
Genitalia (male only)			
Back/Spine			
Neurological			
General appearance			
Height: in. (with shoes on)			
Skin			
Hearing for speech			
Breasts			
Abdomen			
Upper extremities			
Rectal (if any history)			
Emotional stability			
Blood pressure:			
Weight: lbs. (clothed)			
Lymph nodes			
Eyes			
Chest and lungs			
Hernia (male only)			
Lower extremities			
Peripheral vascular system			

IMMUNIZATION STATUS: The only immunization that is required is a tetanus booster current within the last three years. Please be sure to indicate date received. However, in light of recent medical findings regarding the increasing occurrences of hepatitis A in the region, and the recent development of an inoculation, we strongly recommend that you consult your physician concerning the suitability of this inoculation for you.

Tetanus Booster:
Date Received

SUMMARY: Please list significant impairments and diagnoses:

Do you have any reservations in recommending this individual for participation in the strenuous outdoor activities as outlined in the purpose of this examination?

If so, why?

Examiner's signature

Name printed:

Address:

Telephone

Date