

Medical Examination Form for “Well-Come” Plan Applicants

Date: _____

Applicant Details:

Full Name..... ID No./Passport No. _____

Date of Birth...../...../.....

Examining Doctor..... Doctor's Tel.....

Maccabi Branch..... Medical Receptionist at Maccabi

Medical Examination The examination must cover the following:

Family Medical History

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Past Illnesses / Medical History

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Hospitalizations (incl. Surgery)

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Specialized Tests / Treatments

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Regular Medication (Israeli Brand Name)

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Pregnancy / Fertility Treatments

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Results of Physical Examination

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Test Results:

Blood Pressure

ECG

Blood Sugar

Blood Lipids

Cholesterol

BMI

Blood count and biochemical analyses – please attach results



Diagnoses

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Examining Doctor's Signature & Stamp..... Date of
Examination.....

Recommendation of HQ Medical Committee: Accept / Reject

Full Name & Signature	ID No.	Date
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