

PART 2 - FOR THE PRIMARY CARE PHYSICIAN

NOTES TO THE EXAMINING PHYSICIAN

1. Each March participant will face a new and strenuous environment, which will be physically and emotionally stressful. They will be living, eating and sleeping in a communal environment. They will be expected to participate in activities which will include long bus rides, walking long distances and other strenuous activities. They will visit places such as Auschwitz, Majdanek and Treblinka, where they will be emotionally affected. Therefore, it is essential that this medical report be as complete and precise as possible. Please bear in mind that the medical facilities available for participants will cover only acute illness and accidents. There are no facilities available within the framework of the March for the treatment of chronic disturbances.
2. This form should only be completed by you if you have known the applicant for at least the last 18 months. In addition, if the applicant has been under the care of a specialist (i.e. cardiologist, neurologist, psychiatrist, psychologist, social worker, etc.) it is essential that the specialist submit a written report for use by the staff of the "March" to better service the applicant.
3. If the applicant is required to continue receiving medication while participating in the program, he/she should be given a medical letter giving full details. Since medicine is not often available under the same trade name as in the United States, the full generic name should be given.
4. It is our intention to rely on this completed form and supplementary letters in determining the final acceptance of the applicant into this program.
5. If you become aware of changes in the applicant's medical or psychological condition, please notify the central office of the March of The Living.
6. The information on this report and all supplementary material shall be held strictly confidential.
7. If you have any concern about the participation of the patient in this program, please contact the office of the **March of the Living** below.

LOCAL AGENCY OR FEDERATION

Mayerson JCC - March of the Living
Attn: Philip Ganson
8485 Ridge Road
Cincinnati, OH 45236
pganson@mayersonjcc.org
513.766.3394

PHYSICAL EXAMINATION

(to be completed by a licensed physician)

	Normal	Abnormal	Describe Abnormality
HEIGHT
WEIGHT
BLOOD PRESSURE
ALLERGIES
DRUG ALLERGIES
General Build
Head
Ears
Eyes
Nose
Throat
Neck
Chest, lungs
Heart
Abdomen
G.U. System
Extremities
Spine
Skin, Lymphatics
Nervous System
Mental/Psychological State

- significant past illnesses or emotional problems which might have a bearing on the participant's health while he/she is away.....
- present physical or emotional problems.....
- medications - If so, list detailed prescription and exact instructions.....
- dietary restrictions.....
- restrictions on physical activity.....

Required: Optional
 Tetanus Date Influenza Date Pneumococcus Date

My recommendations are as follows:

Name of Doctor

Address

Telephone # () Date

Stamp & Signature Of Physician..... License#

PHYSICIAN'S STATEMENT

Name of Applicant: **Email**

I have read the above medical form and thereafter have examined the above named participant and have recorded the results above which represent, to the best of my knowledge, all of the applicant's medical history and my findings. In my opinion, the applicant is

- capable of participating in the March of the Living program.
- incapable of participating in the March of the Living program (as outlined in the notes).

I have known the applicant for _____ years.

I understand that the leadership of the "March of the Living" and its representatives will rely on my report and findings.

* If you become aware of a change in the applicant's medical condition, please notify the:

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