



**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.)**

	<b>Yes</b>	<b>No</b>
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		

**Details:**

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

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Do you now or have you ever had any allergies or any allergic reactions to drugs, foods, injections or insect bites?

Yes \_\_\_ No \_\_\_ Give details.

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Have you been in the past year or are you currently restricted by a physician in any physical activities?

Yes \_\_\_ No \_\_\_ Give details.

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**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 present state of physical and emotional health and his or her ability to withstand strenuous outdoor living required for archaeological excavations. Physical labor such as: climbing ladders, bending and lifting dirt and rocks, and extended use of picks and shovels performed in the hot, dry climate of Israel will be encountered. Considerable time is spent in direct, intense sunlight. Disorders of the musculo-skeletal system, especially of the lower back should be carefully considered. The presence of dust necessitates careful consideration of those with respiratory disorders, especially asthma.

Noticeable obesity has proven a serious problem for volunteers in any age group. The presence of heart problems and skin diseases must be carefully evaluated, especially in older individuals.

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

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

IMMUNIZATION STATUS

The only immunization that is required is a tetanus booster current within 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 inquire of your physician as to 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 \_\_\_\_\_

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**Please mail the completed history and physical examination forms to:**

Professor Lawrence Stager  
Ashkelon Excavations  
6 Divinity Avenue  
Cambridge, MA 02138