



CAARI Program 2009
Canadian American Active Retirees in Israel

MEDICAL APPLICATION

PART I
TO BE COMPLETED BY EACH APPLICANT

APPLICANT

First _____ Middle _____ Last _____

Mailing Address _____

City _____ State _____ Zip _____

Phone (H) _____ Phone (Cell) _____ Fax _____

E-mail _____

EMERGENCY CONTACT

Name _____ Relationship to participant _____

Home Phone _____ Cell phone _____ Business Phone: _____

Fax _____ Email _____

Mailing Address _____

City _____ State _____ Zip Code _____

PART II: QUESTIONNAIRE
TO BE COMPLETED BY EACH APPLICANT

Your answers to the following questions will help determine if you qualify for the program.

Please check Yes/No.

- Yes No I am prepared and will commit myself to working in a school, daycare center, home for the aged or other social agency.
- Yes No I am physically able to work in the forest trimming and pruning trees and cleaning areas. This does not include heavy lifting.
- Yes No I am flexible regarding changes in programs. (sometimes program must be changed)
- Yes No I can walk at least one hour. (including on hilly and rocky terrain)
- Yes No I am able to get on and off of a tour bus by myself. (possibly a steep step)
- Yes No I have no medical or dietary restrictions.
(If so, please detail) _____
- Yes No I can endure changes in weather (the weather in Israel can be rainy and cold)
- Yes No I am independent to do things on my own. (free time is scheduled for some evenings and afternoons)

PLEASE NOTE THE FOLLOWING:

****If a participant is unable or unwilling to partake in the program while in Israel, he/she will be asked to leave prior to its conclusion. There will be no refund for unused services.**

****Medical insurance covers the participant only in Israel and does not cover pre-existing conditions. It also does not cover trip cancellation or trip interruption.**

Please complete and sign this questionnaire and return it with the application.

Signature: _____ **Date:** _____

PART III
TO BE COMPLETED BY APPLICANT'S PHYSICIAN

The applicant wishes to participate in a work and study program in Israel requiring stamina and mobility. Participants must be able to walk up to a mile, climb approximately 50 steps and they must be able to get on and off a bus UNAIDED.

Has the applicant had any of the following:

<input type="checkbox"/> Appendicitis	<u>Date</u> _____	<input type="checkbox"/> Liver Disease	<u>Date</u> _____	<input type="checkbox"/> Bronchitis	<u>Date</u> _____
<input type="checkbox"/> Skin Conditions	_____	<input type="checkbox"/> Hernia	_____	<input type="checkbox"/> Tuberculosis	_____
<input type="checkbox"/> Kidney Disease	_____	<input type="checkbox"/> Hospitalizations	_____	<input type="checkbox"/> Cancer	_____
				Type of Cancer	_____

Surgery (what type and when):

Does the applicant have chronic conditions or tendencies toward the following:

<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>	
<input type="checkbox"/>	<input type="checkbox"/>	Abnormal blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy
<input type="checkbox"/>	<input type="checkbox"/>	Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Emphysema
<input type="checkbox"/>	<input type="checkbox"/>	Alcoholism	<input type="checkbox"/>	<input type="checkbox"/>	Heart Disease
<input type="checkbox"/>	<input type="checkbox"/>	Anemia	<input type="checkbox"/>	<input type="checkbox"/>	Mental Disorders
<input type="checkbox"/>	<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	Osteoporosis
<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Orthopedic Disturbances
<input type="checkbox"/>	<input type="checkbox"/>	Constipation	<input type="checkbox"/>	<input type="checkbox"/>	Peptic Ulcer
<input type="checkbox"/>	<input type="checkbox"/>	Cancer	<input type="checkbox"/>	<input type="checkbox"/>	Digestive Disorder
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes (list type and treatment) _____			
<input type="checkbox"/>	<input type="checkbox"/>	Penicillin or other drug reactions (list) _____			
<input type="checkbox"/>	<input type="checkbox"/>	Other Important diseases or disorders: please specify: _____			
<input type="checkbox"/>	<input type="checkbox"/>	Stroke			

Physical Condition:

Fit _____ Unfit _____

Remarks:

Emotional and Mental Condition:

Fit _____ Unfit _____

Remarks:

Present complaints and treatments

(including medications participant is currently taking and why):

I believe that (Name) _____ is fit to live, study, travel and perform physical and other work in Israel and to participate in the two or three month program of volunteer service and field trips in Israel.

I have been the applicant's Doctor since (year) _____

I have seen this applicant's medical history and examined him/her.

Signature of Physician _____ Date _____

License Number and stamp:

Physician's First Name _____ Middle _____ Last Name _____

Mailing Address _____ City _____ State _____ Zip code _____

Home Phone _____ Business Phone _____ Mobile Phone: _____

Fax _____ Email _____

Please return completed form to:

**JNF Travel and Tours
Attn: SHIRLEY SHCHORY – CAARI program
1511 Walnut Street
Philadelphia, PA 19102
Or Fax to: 215-568-0696**

CAARI Medical Insurance

(Medical coverage while in Israel)

The medical policy included in the CAARI program is under the auspices of Harel Insurance Company. Harel is the only insurance company in Israel with experience and know-how of over 65 years in building policies applicable to the changing needs of various populations. According to the National Board of Statistics, Harel issues 60% of all policies dealing with foreign travel insurance and/or foreigners visiting Israel.

Description of Benefits:

- The policy covers all reasonable and customary charges for covered expenses up to a maximum of \$100,000.00
- Nationwide Hospitalization coverage.
- Surgical treatment.
- Emergency room coverage.
- General practitioners, specialists, laboratories, x-rays, pharmacies throughout the country.
- Home visits made by "Doctors on Duty" 24 hours a day.
- **Toll free hot-line services 24 hours a day by number 1-800-414-422.**
- Prescribed medication- up to \$300.00 - per policy.
- Emergency dental care- up to \$200.00 - per policy.
- Emergency service when necessary.
- English speaking professionals.
- English speaking staff.
- Repatriation Benefits in the event of death up to \$5,000.

How the plan works:

Upon registration you will be issued a computerized membership card, which will entitle you to medical care and facilities all over the country. There is NO deductible for doctor visits or for medication.

Important:

Harel will handle your medical expenses including hospital costs, physicians and surgeons fees, out patient treatment and tests (subject to the policy terms and conditions). The company will attend to all the small details that could otherwise spoil your stay here.

You will not be held responsible for medical payments of any kind and therefore will not have to deal with reimbursements from insurance companies abroad.

Exclusions:

1. All pre-existing conditions
2. Traffic accidents that involve bodily injuries. These are covered under the policy of vehicle owners or a special national policy for vehicles that are unknown or uninsured.
3. Terrorist attacks are covered in Israel by a national policy of the Israeli government for all affected individuals via the national social security system that applies to tourists as well as citizens.