מדינת ישראל
משרד החינוך

An annual health declaration

Year_____

An annual health declaration must be filled out for each student individually.

Providing full and detailed information will enable the educational staff at the school to know about various medical limitations

- In the sections in which you indicated that there is a medical problem, it is necessary to specify what the problem is and elaborate if necessary. If there is no appropriate value in the list, it is mandatory to elaborate.
- As part of the declaration, the specifications of routine vaccinations and survey tests are presented according to educational stages and classrooms, which are given to students in the educational institution.
- All relevant medical documents must be attached.
- Circle Yes / No, if you have marked yes, the details below the question must be filled in.
- All fields are mandatory to fill.

PART 1: parents statement about the student's health condition

Student Name: _____ ID:_____ Class: _____ Institution Name: _____

1.Is there a health limitation that prevents the student from participating in school activities and on is behalf? **Yes* / No**

☐ Trip
☐ Exercise in the gym
☐ Physical activity
☐ competition sports of the schools
☐ other activities

Another task Detail: _____

*A medical document detailing the student's limitation should be attached to this form.

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2. Does the student have a chronic health problem? **Yes / No**

☐ Asthma	☐ Bowel Disease - Crohn's Disease	☐ Celiac
☐ epilepsy	☐ Bowel disease – Colitis	☐ Blood clotting - hemophilia
☐ Cardiological problem	☐ Dermatosis	☐ Blood clotting - trombocytopenia
☐ Transplanted Organ	☐ Muscular Dystrophy- Duchenne	☐ G6PD
☐ Malignant disease- chemotherapy treatment	☐ Juvenile sukkah of type 1 Juvenile diabetes	☐ Another chronic problem

details: _____

_____

3. Does the student regularly take medication? **Yes/No**

details: _____

4. Is the student susceptible to medication? **Yes / No**

details: _____

5. Is the student sensitive to food or other substances? **Yes / No**

details: _____

☐ Nut	☐ Milk	☐ Wasps sting	☐ Yeast
☐ Peanuts	☐ iodine	☐ fava beans	☐ Almond
☐ Eggs	☐ Latex	☐ Plants (pollen)	☐ Other material/food
☐ soybeans	☐ Kiwi	☐ Gluten (wheat)	
☐ Honey	☐ Sting Bees	☐ Credit House Dust	
☐ Fish	☐ Sesame	☐ Mosquito Bite	

details: _____

* If necessary and on a doctor's recommendation, carry a personal EpiPen syringe.

6.Does the student carry a personal EpiPen syringe: Yes/No

PART 2 : Student health services provided by the Ministry of Health, by virtue of the law

- The services are provided according to the districts of the Ministry of Health - LINK to the vaccination program for Ministry of Health school students

• Each year you sign according to the services provided according to the age group in which your child studies:

* The vaccine against Diphtheria, Tetanus and whooping cough may be given in the North and South District in grades 1.

**The vaccine against the papillomavirus is given in two doses in the eighth grade:
In the central, Northern, southern and Haifa districts, the first dose in the 7th grade and the second dose in the eighth grade.

*** In special education, the flu vaccine is given to students in grades 1-6

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class	Growth **evaluation (body weight and height)**	**Vision test**	hearing test	oral and dental health	**vaccines**
First grade	✓	✓	✓	✓	measles vaccine, Mumps vaccine , Rubella, varicella, MMRV vaccine
2th Grade		complement	complement	✓	Diphtheria vaccine, Tetanus, Whooping cough, infantile paralysis Tdap-IPV*, Flu vaccine.
3th Grade				✓	Flu vaccine
4th Grade				✓	Flu vaccine
5th Grade				✓	
6th Grade				✓	
7th Grade	✓			✓	
8th Grade		✓		✓	Diphtheria vaccine, Tetanus, Whooping cough- TDAP vaccine, Vaccine against H. Papillomavirus -HPV Vaccine**
9th Grade		complement		✓	

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7. Consent to receive a vaccine within the framework of the health services according to the vaccination program determined by the Ministry of Health**. Yes / No**

If some vaccines are not consented, please elaborate: _____

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8. Did the student have an abnormal reaction to vaccination before ? **Yes / No**
details: _____

9. Consent that the student undergoes survey tests according to his/her age bracket in the current school year. **Yes / No**

If some tests are not consented, please elaborate:_____

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10. Consent to receive an SMS and email about vaccines, survey tests and screening test results within the framework of the health services per student. **Yes / No**

12. If you have a medical condition, please contact:
Full name: _____ **Phone number: _____**
Full name: _____ **Phone number: _____**

I authorize the provision of relevant information to the educational staff and/or the health team at the school regarding the student's health and undertake to notify the class educator of any change or limitation, temporary or permanent, that will apply in his health condition.

Declared by: _____ I.D: _____
Signature: _____ Date: _____