



Student's Health Declaration

1. Did you have in the past or have i"n any illnesses? (Circle) Yes/No.
If 'Yes' - please specify _____
2. Did you ever need psychological or psychiatric attention? (Circle) Yes/No.
If 'Yes' - please specify _____
3. Have you been depressed in the past? (Circle) Yes/No.
4. Do you take any medications? (Circle) Yes/No. If 'Yes' - please specify _____

5. Do you have any eating limitations? (Circle) Yes/No. If 'Yes' - please specify:

6. Do you have allergies? (Circle) Yes/No. If 'Yes' - please specify _____

7. Do you have frequent headaches or migraines? (Circle) Yes/No.
8. Were you ever absent from school for extended periods of time? (Circle) Yes/No.
9. Please write here about any other known pains or health issues you may suffer from: _____

- **If it comes to our attention that there were health issues that were not disclosed, we reserve the right to terminate a student's studies in Beit Chana.**
- **Pre- existing health issues from before enrolling in Beit Chana are not covered by our insurance.**
- **Dental care, psychological and psychiatric care, and alternative medical visits and treatments are not covered by Beit Chana's insurance. Beit Chana cannot accommodate special dietary needs.**

Parents' signatures _____

Father

Mother

Student's signature _____

******(Please attach a signed copy of your Naale medical form).******