



מכללת בית רבקה - סמינר בית חנה - צפת
מכללה לחינוך ולהכשרת עובדי הוראה - מרכז להשתלמות



שלוחה צפת - קריית חב"ד ת.ד. 6217 צפת 13410
טלפון 07-32550370 פקס 04-692-4002 דוא"ל Seminar@beitchana.org

B"H

Distinguished Physician,

Shalom,

The student submitting you this medical form, has applied to Beis Chana seminary in Zefat, for the upcoming school year.

Please fill in the information requested.

Thank you in advance for your cooperation.

Beis Chana seminary - Zefat

Physician's medical report

I, _____, the undersigned, am a family physician. I practice at _____ City
_____.

I personally know Ms. _____,
whose passport number is _____ and resides at
_____.

I attest that Ms. _____ is physically and mentally fit to attend a teacher's seminary abroad and fit health-wise to teach.

Date _____

Signature _____ stamp or seal _____