

THE 54TH DR. BESSIE F. LAWRENCE INTERNATIONAL SUMMER SCIENCE INSTITUTE JULY 4-27, 2023 THE WEIZMANN INSTITUTE OF SCIENCE

SCIENCE FOR THE BENEFIT OF HUMANITY

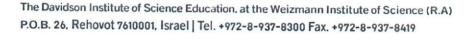
Physician's Statement (to be completed by a licensed physician):

We request that this or an equivalent statement be completed by a physician to **confirm** that the participant is **physically and mentally** capable to participate in **ALL** aspects of the program. This medical information will be regarded as **highly confidential**.

Please take into account that exploring the country by traveling within the program includes hiking, climbing and other strenuous activities. Participants will experience temperatures around the high 90°s F (32-34°C). Tel Aviv will be hot and humid; Jerusalem is dryer. Masada and Eilat are extremely hot with temperatures rising above 110°F (43°C), but dry.

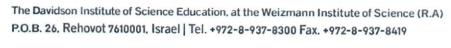
Additionally, a participant who <u>arrives suffering</u> from any <u>pre-existing</u> condition that prevents him/her to take part in the programs' activities will be sent back home at his/her own expense; or who takes medication on a regular basis is responsible for self-administration.

General physical state:
EYEGLENT
Traumas or surgeries during the past two years:
readinas of surgeries during the past two years:
HUME
Allergies and severity:
NONE
Chronic disease or condition (physically or mentally):
MIGRAINE HEADACHE
Mental state:
NORMAL





Medications taken or	n a regular basis:
	HONE
Anti-tetanus vaccine:	
	8 (11/2014
Consist distance	
Special diet requirem	ents:
	TONE
General recommenda	ations:
	FULL ACTIVITY
	Conclusion
After evaluating Mr./	Ms. Fitan Zemel medical profile, I find him/her
capable/incapable of	participating in the ISSI (as outlined above) and physically fit to work ou
	b) on his/her free time during the program.
	a, and a since during the program.
Comments:	
comments.	
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Padiatri	and Address and a
Name. 495 Cer	and Adolescent Medicine otral Park Ave Suite 305A
	ph 914.725.7555
A al al	fx 877.582.1922 ist.scarsdale@pedsny.com
33391011	SVISON SUBJECT PEDETTY. COM
Phone:	Date:
, , , , , ,	Date.
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(Stamp and signature	
	Dr. Michael Traister
	Lic: 128234
(License number)	NPI: 1912006630





Patient Summary for Zemel, Eitan, 19 Y, Male DOB:04/14/2003

Zemel, Eitan

20 Saxon Way, New Rochelle, NY, US 10804

DOB: 04/14/2003 Age: 19 Y Sex:

Male **Birth Sex:** Male **Gender Identity:** Male **Home:** 914-633-1433

Work:

Cell: 914-588-8171

Email: eitanuzemel@gmail.com

Previous Name:

Advance PARENT 12/10/2013

Directive:

Primary Insurance: Aetna choice

plus

PCP: Michael R Traister
Account Number: 25753

Race: White

Ethnicity: Not Hispanic or Latino **Preferred Language:** English

Care Team:

Allergies									
Substance:	N.K.D.A.	Status:	Active.	2591	You You		- 11	7- 1-10	
•									

Immunizations

nmunizations		
Name	Date	Dosage
DTaP VACCINE (Infanrix)	2007-06-22	
DTaP VACCINE (Infanrix)	2004-08-05	
DTaP VACCINE (Infanrix)	2003-10-22	
DTaP VACCINE (Infanrix)	2003-09-10	
DTaP VACCINE (Infanrix)	2003-06-16	
Hep B (0-19yrs) VACCINE	2004-04-26	
Hep B (0-19yrs) VACCINE	2003-09-10	
Hep B (0-19yrs) VACCINE	2003-06-16	
HIB-ActHIB(PRP-T)	2004-04-26	
HIB-ActHIB(PRP-T)	2003-09-10	
HIB-ActHIB(PRP-T)	2003-06-16	
FLU VACCINE, no preserve 6-35 MO, IM	2012-08-27	
FLU VACCINE, no preserve 6-35 MO, IM	2009-11-20	
FLU VACCINE,no preserve 6-35 MO, IM	2009-01-02	
FLU VACCINE,no preserve 6-35 MO, IM	2008-11-21	
Meningococcal (MCV4O)	2020-11-03	
Meningococcal (MCV4O)	2015-08-03	0.5
MMR Vaccine	2007-06-22	
MMR Vaccine	2004-04-26	
Pneumococcal (PCV 7)	2004-08-16	
Pneumococcal (PCV 7)	2003-10-22	
Pneumococcal (PCV 7)	2003-09-10	
Pneumococcal (PCV 7)	2003-06-16	
Varicella Vaccine	2007-06-22	
Varicella Vaccine	2004-08-16	
Polio (IPV) VACCINE	2007-06-22	
Polio (IPV) VACCINE	2003-10-22	
Polio (IPV) VACCINE	2003-09-10	

Patient Summary for Zemel, Eitan, 19 Y, Male DOB:04/14/2003

Polio (IPV) VACCINE	2003-06-16	E. D. Barella, Brace
H1N1	2009-12-30	
H1N1	2009-11-20	
PPD	2004-01-21	
TDaP (Boostrix)	2014-08-11	0.5
Hep A (0-18yrs) VACCINE	2011-06-07	.5
Hep A (0-18yrs) VACCINE	2010-06-18	.5
FLU VAC NO PRSV 4 VAL 3 YRS+	2016-10-10	0.5
FLU NO PRSV 4 VALENT NASAL	2013-08-19	.2
Human papillomavirus 9	2018-07-23	
Human papillomavirus 9	2017-11-27	
Meningococcal Group B 18yrs+ (Bexsero)	2022-08-09	
Meningococcal Group B 18yrs+ (Bexsero)	2022-07-12	
FLULAVAL VACCINE	2019-09-06	
FLULAVAL VACCINE	2017-11-27	
FLUZONE VAC 6mths+UP	2020-11-03	.5 mL
COVID 19 vaccine-Pfizer(12yrs and older)	2021-10-17	
COVID 19 vaccine-Pfizer(12yrs and older)	2021-05-16	
COVID 19 vaccine-Pfizer(12yrs and older)	2021-04-22	