

## *Report of Medical Examination*

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**The applicant should complete this section.**

**PLEASE TYPE OR PRINT CLEARLY AND BRING A COPY OF THIS FORM WITH YOU TO JERUSALEM.**

Name of Applicant \_\_\_\_\_ Social Security Number \_\_\_\_\_

Please indicate the program to which you are applying \_\_\_\_\_

Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

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**The physician should complete the remainder of this report of medical examination.**

**To the examining physician: This form must be completed in full. Questions that are not relevant to the applicant must be answered with a "N/A". An incomplete form will be sent back to the applicant.**

Your health evaluation is an essential part of the application for participation in study abroad

We require a full physical examination. Please include results of your lab work on this report; do not submit lab reports with this evaluation.

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

**Past or present illnesses (Please give dates, complications, and any residual symptoms):**

A. History of heart disease (valve disorders, congenital malfunctions, etc.) \_\_\_\_\_

B. Rheumatic fever (heart involvement) \_\_\_\_\_

C. Diseases of the digestive tract: (peptic ulcer; biliary tract disease, chronic or recurrent diarrhea, severe constipation, vomiting spells, hernia, appendicitis) \_\_\_\_\_

D. Respiratory diseases (tuberculosis, asthma, chronic bronchitis, bronchiectasis, sinus disease) \_\_\_\_\_

E. Urinary tract diseases (nephritis, nephrosis, calculi, recurrent bladder or prostatic disease, history of urinary tract infection) \_\_\_\_\_

F. Disorders of menstruation (give details) \_\_\_\_\_

G. Diabetes mellitus \_\_\_\_\_

H. Hypertension \_\_\_\_\_

I. Migraine or severe headaches (dizzy spells, strokes) \_\_\_\_\_

J. Epilepsy, fainting spells, history of head injuries \_\_\_\_\_

K. Muscle disease \_\_\_\_\_

L. Allergic diseases (hay fever, food allergies). Please record causative factors \_\_\_\_\_

M. Chronic skin diseases \_\_\_\_\_

N. Severe injuries \_\_\_\_\_

O. Surgeries (list surgeries and dates. If none, write "none") \_\_\_\_\_

P. Systemic disease (juvenile rheumatoid arthritis, lupus, erythematosis) \_\_\_\_\_

Q. Please conduct a complete examination:      Height \_\_\_\_\_ Weight \_\_\_\_\_

	Normal	Deviation from Normal
Skin		
Eyes		
Ears		
Hearing		
Nose		
Teeth		
Heart		

	Normal	Deviation from Normal
Lungs		
Abdomen		
Tonsils		
Feet		
Spine		
Blood pressure		
Urinalysis (dipstick & microscopic, if indicated)		

R. List special dietary requirements (i.e., low sodium) \_\_\_\_\_

S. Is the applicant is receiving any medication?

None    As follows: \_\_\_\_\_

Please attach statement of such medication with dosage and instructions to keep on file.

T. What is your evaluation of the applicant's emotional stability (bearing in mind the various conditions imposed by a foreign study program: lengthy absence from home, adjustment to a foreign culture, different living conditions, etc.)

\_\_\_\_\_  
\_\_\_\_\_

U. Please indicate if, to your knowledge, the applicant has been treated by a psychologist or psychiatrist. In such cases, a supporting letter from the treating psychologist or psychiatrist may be requested.

\_\_\_\_\_

V. Restrictions on physical activity, including exercise in a fitness facility:

None    As follows: \_\_\_\_\_

**PLEASE VERIFY THAT ALL QUESTIONS HAVE BEEN ANSWERED BEFORE SIGNING BELOW**

**Physician's Statement (signed and stamped):**

I have examined the above-named applicant and consider him/her physically qualified to participate in study

Name of Physician (please type or print) \_\_\_\_\_

Address \_\_\_\_\_

Signature of Physician \_\_\_\_\_ Telephone \_\_\_\_\_

License No. \_\_\_\_\_ Date \_\_\_\_\_

## 15.1 - Statement of Standards

4.2.20 Foundation - Institute for Biblical Languages & Translation strives to cultivate a unique and enhanced learning program for biblical Hebrew, by using a language immersion environment, studying the Scriptures within their linguistic, geographical, cultural and historical setting. The focused study of biblical Hebrew within this context deepens understanding and enables retention for future use in a way that could not be accomplished if taught primarily in another language.

Many of the local cultures here differ from one another and are often quite different from the cultures that course participants might represent. 4.2.20 Foundation - Institute for Biblical Languages & Translation seeks to maintain an ongoing Christian witness with the local communities. For this reason we ask that all participants agree to abide by the following standards:

- Short shorts are not acceptable.
- Mid-thigh/knee-length walking shorts are acceptable in certain environments.
- Slacks are generally acceptable everywhere.
- Further information and orientation will be given as necessary.

4.2.20 - IBLT gives students the opportunity to focus on learning the language of the Bible. Therefore, we ask you not to develop any exclusive relationship until after completion of your IBLT programs. If you meet your future life-partner while in Israel, time is a good test of the relationship. We also realize that this community provides amazing opportunities to develop deep and lasting friendships. We encourage relationships built on openness, inclusion, integrity and purity.

For the sake of respecting each other's private space, cultural sensitivity, and so that our "good is not evil spoken of," we ask that:

- beginning a non-platonic relationship is not permitted while you are a student of any 4.2.20 - IBLT programs
- men do not enter women's bedrooms, and vice versa
- no student should be alone with members of the opposite gender in non-public spaces, including any room in our student lodging facility (Beit HaAmim)

**Agreement:** By signing this agreement I recognize and certify the following:

Because I will be participating in a Christ-centered community in the Middle East, I will endeavor to conduct myself in accordance with a Christ-centered lifestyle. I will read and abide by guidelines and rules contained within the IBLT Student Handbook.

I will refrain from dishonest, disruptive and irresponsible behavior, drunkenness and intoxication, sexual harassment, promiscuity, theft or abusive behavior.

I understand that violation of any of these standards, or of providing false or misleading information on this application, is grounds for disciplinary action, including immediate dismissal from the program and return to my country at my own expense.

PLEASE DATE AND SIGN YOUR AGREEMENT WITH Statement of Standards

Printed name:

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Signature:

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Date:

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## 15.2 - Disclosure Statement

The 4.2.20 Foundation - Institute for Biblical Languages & Translation makes every effort to avoid unnecessary risk by trying to control travel, food service, and sanitation. You should understand that this study and associated travel is undertaken solely at your own risk.

It is essential that you have health insurance while in Israel. Hospitals will not treat a patient without proof of credit card or cash. All hospital bills in Israel must be paid in full before the patient is discharged; therefore, you must obtain insurance and acquire a means for emergency payments.

You therefore must obtain an insurance policy in your home country which will cover you while in Israel.

Please contact your local carrier to be certain where you stand in regard to health, accident, travel, and life insurance and what may be required. You must have contingency funds to pay by credit card or cash should an emergency arise. A claim may then be filed with your insurance company for reimbursement of the fees.

**Agreement:** I have read the Disclosure Statement, and I understand and accept my medical responsibilities and verify that I will have appropriate insurance coverage in place before arrival in Israel. I empower the School of Biblical Hebrew, in emergency situations, to assign me for medical treatment, even if such treatment is beyond my insurance coverage in Israel, including hospitalization (at my expense) if such is determined necessary by a medical doctor, and to return me to my home for medical treatment (also at my expense) if circumstances warrant and agree to release the 4.2.20 Foundation - Institute for Biblical Languages & Translation, its staff, administration and board of directors from any and all liability.

PLEASE DATE AND SIGN YOUR AGREEMENT WITH Disclosure Statement

Printed name:

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Signature:

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Date:

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### 15.3 - Waiver of Responsibility, Release of Liability

I will hold the 4.2.20 Foundation - Institute for Biblical Languages & Translation and its directors, employees, their families and heirs blameless in the event of cancellation or changes in travel and program schedules, or adjustment in announced fees caused by changes in travel tariffs, lodging rates, or fares by those engaged for such services.

I release the 4.2.20 Foundation - Institute for Biblical Languages & Translation and its directors, employees, their families and heirs from claims of any nature incurred by me before, during or after my time in the Middle East, and from claims arising from any act involving any person, agent, or entity not a part of the school or a part of the school. I agree that, in the event of disruption or cancellation or changes in travel and program schedules due to war (declared or undeclared), strike, terrorism, act of God, or emergency not under the control of the 4.2.20 Foundation - Institute for Biblical Languages & Translation, any refund will be determined by the school on an individual basis and at the school's discretion.

**Agreement:** I have read this Waiver of Responsibility, understand its content, and accept the risks discussed. I hereby verify that good health allows me to take part in the school's program (including hiking, bus travel, etc.), and I absolve the school of responsibility for me in the above stated areas. Furthermore, by my signature below I acknowledge that I have read both the Statement of Standards and the Disclosure Statement and agree to abide by the conditions set out in them, and release the 4.2.20 Foundation - Institute for Biblical Languages & Translation, its board of directors, employees, their families and heirs from any and all liabilities.

PLEASE DATE AND SIGN YOUR AGREEMENT WITH Waiver of Responsibility, Release of Liability

Printed name:

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Signature:

Date:

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Printed name and signature of witness:

Date:

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**Application Checklist - Please ensure that you have enclosed:**

- Two passport sized photographs of yourself
- A copy of your passport/national ID
- A copy of current Israeli visa if already in Israel
- Physical Examination form
- Scan of spouse's passport (even if not attending)
- Application Fee – NON REFUNDABLE

Please note: Failure to submit all the documentations and application fee required might result in your application being delayed or not being processed at all.

I am paying the Application Fees (\$50):

- Check, which I enclose
- Debit Card
- Credit Card (2.0% Surcharge applies)

Name and address of card holder:	
Card number:	
Expiry date:	
3 digit security number:	

Signature:

Or contact Admissions on +1-(804)-482-0756  
if you prefer to give card details over the phone or via Skype.

Please return this form to our Admissions Office in Israel:

Office of Admissions  
School of Biblical Hebrew, IBLT  
PO BOX 1664, Jerusalem, 9101601, Israel

For **ALL** applications, please send us an email confirmation  
(preferably including a scanned copy of the form) to:  
**admissions@iblt.ac**

For further information about our programs visit our website: <https://iblt.ac>

## SBH Language Pledge

The SBH program is designed to maximize Hebrew learning for understanding and translating the Hebrew Bible. Nine months is a short time for learning a language, but it is achievable in learner-friendly environments. God has uniquely created humankind to be language acquirers, as the Targum to Genesis 2.7 says "He breathed into his face the breath of life and it became in Adam a speaking spirit." The most effective and rapid way into any language is to use it exclusively for communication, to learn a language in that language. Our program, both classroom and living environment, is intentionally designed for the Hebrew language to be understood and spoken from the beginning. Therefore, students must pledge to use Hebrew only throughout the program, except for language-free zones as designated by the faculty. (For example, language free zones may include emergencies, email with friends, special lectures, research papers, special family situations, visiting guests, and specified breaks.) Otherwise, students are expected to use only Hebrew in communication with each other and with staff, neighbors, and teachers. While this makes the the first couple of months a steep learning curve, the rewards and achievements are exceptional and worth the investment for the many lives that will be impacted by God's Word. The staff will make every effort to help and to make this transition as smooth as possible.

The language of the prophets awaits you!

### A pledge to be signed by all students:

*"I understand that this is a full immersion program, that requires ongoing commitment to Hebrew language use, both in and out of the classroom. I will commit to speaking Hebrew and to abide by all the immersion practices as required by the faculty. I understand that this is for the sake of both my progress and other students' progress. I understand that failure to comply may result in a reduction of grade, withdrawal of funding, or even removal from the program at the sole discretion of the faculty and Academic Council."*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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As a reminder, as a pre-condition to final acceptance, all prospective students must complete *Living Biblical Hebrew, Part One*, no later than three months before coming to Israel. This course is done online and is unique in laying a foundation for internalization and "thinking in a language." This is crucial for your success in the program.

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