



**UNITED SYNAGOGUE YOUTH**  
of the United Synagogue of Conservative Judaism

**USY SUMMER PROGRAMS**  
**212-533-7800 x114**  
**summer@usy.org**

### **LETTER TO THE PHYSICIAN**

- I) The new and strenuous environment each participant will face taxes physical and mental capabilities to the fullest. It is, therefore imperative, as a safeguard to the health of the participant, that this report be as complete and precise as possible.
- II) Participants in Israel will be touring and working in a sub-tropical climate, with temperatures reaching 100 degrees Fahrenheit in the shade. The climate is mostly dry, with semi-arid conditions over a large part of the country.
- III) Participants will be living in a communal environment. He/she will be sleeping in a dormitory or sharing living quarters with many other people, eating in communal dining facilities and sharing bathroom facilities.
- IV) The participant's activities may include physical labor in the sun. He/she will also be expected to participate in a number of tours, which will include walking long distances, climbing and other strenuous activities.
- V) The physician should also bear in mind that medical facilities available for participants only cover acute illness, and minor illness. **THERE ARE NO FACILITIES AVAILABLE WITHIN THE FRAMEWORK FOR TREATMENT OF CHRONIC DISTURBANCES.** Dental treatment, eyeglasses, contact lenses and psychiatric treatment are not included and will be arranged at the parent's expense. While in Israel, medical care will very often be entrusted to fully trained paramedical personnel, although a doctor will always be available and on call, as well as the local hospital. In some cases, the patient will be transferred to Jerusalem for specialized treatment when necessary, and where indicated, will later be returned to the country of origin for further treatment. While in North America, we will utilize hospital emergency rooms in the case of an emergency or need for medical treatment or walk-in clinics for non-emergency situations.
- VI) a) **THIS FORM SHOULD BE FILLED OUT BY A PHYSICIAN WHO HAS KNOWN THE APPLICANT FOR AT LEAST 18 MONTHS PRIOR TO THE FILLING OUT OF THE FORM. IN ADDITION, ANY APPLICANT WHO HAS BEEN UNDER THE CARE OF A SPECIALIST (FOR EXAMPLE, CARDIOLOGIST, NEUROLOGIST, a letter must be sent to us outlining the treatment. For PSYCHIATRIST, PSYCHOLOGIST, SOCIAL WORKER, ETC A SEPARATE COMPLETED MENTAL HEALTH ASSESSMENT FORM MUST BE SUBMITTED).**
  - b) If an applicant is required to continue on therapy or treatment, or to continue receiving medicines and drugs while under the auspices of the program, he/she must have a medical letter giving full details. Since periodically, medicine is not available under the same trade name, the full pharmacological name of all medicines and drugs used by the patient should be given. Medication may only be taken under staff supervision and will be held by the staff with the exception of rescue inhalers and epi-pens
  - c) If any change takes place in the applicant's condition before departure, the applicant must submit, before departure, a full explanatory medical letter, detailing diagnosis, prognosis and treatment, and a failure to submit such letter may result in expulsion of the applicant from his/her program without any refund, at the discretion of the staff.
- VII) **PLEASE PROVIDE US WITH A FULL MEDICAL AND PSYCHIATRIC HISTORY OF PATIENT AS POSSIBLE SO WE MAY FULLY CARE FOR HIM/HER.** The Department of Teen Learning, United Synagogue of Conservative Judaism, intends to rely on this completed form and supplementary letters in making determinations of acceptance for or continuation of the applicant in the program. Omissions or misstatements are the risk of the applicant and his/her parents, physician, surgeon, psychiatrist, psychologist or social worker.
- VIII) The information on this report form, and all supplementary letters and reports on the physical, mental or psychological condition of the applicant shall be held by the Department of Teen Learning as strictly confidential.
- IX) **SHOULD ANY PARTICIPANT UPON ARRIVAL, OR DURING HIS/HER STAY ON THE PROGRAM, BE FOUND TO BE SUFFERING FROM ANY CONDITION MENTAL OR PHYSICAL THAT IS NOT FULLY DISCLOSED IN THIS MEDICAL FORM, OR IN AN ACCOMPANYING LETTER FROM A QUALIFIED MEDICAL OR PSYCHOLOGICAL PROFESSIONAL, THEN (1) HE/SHE MAY, AT THE SOLE AND ABSOLUTE DISCRETION OF USCJ/USY OR ITS REPRESENTATIVES, BE RETURNED TO HIS/HER HOME AT THE PARENT'S OWN EXPENSE, OR MAY BE TREATED UNDER THE AUSPICES OF THE PROGRAM AT THE PARENT'S OWN EXPENSE, AND THERE SHALL BE NO REFUND OF MONIES PAID FOR THE PROGRAM AND (2) USCJ/USY AND ITS REPRESENTATIVES ARE THEREBY RELEASED OF ALL RESPONSIBILITY OR LIABILITY OF ANY KIND WHATSOEVER ARISING OUT OF ANY ASPECT OF SUCH PARTICIPANTS MEDICAL HISTORY AND MENTAL OR PHYSICAL CONDITION.**