BGU’S MEDICAL BOARD FOR RECOGNITION OF STUDENTS WITH MEDICAL DISABILITIES

GUIDELINES FOR COMPLETING APPLICATION FORMS
FOR RECOGNITION OF STUDENT WITH A MEDICAL DISABILITY

Please fill out the form, including medical forms and a waiver of confidentiality form.

The forms should be sent by email to: medboard@bgu.ac.il or submit to Maya Panker, Dean of Students, Student Building, 2nd Floor, Room 258.

The applications will be sent for the review of the Medical Board headed by a physician, and the decision will be submitted to the applicant. We recommend applying to the board before the beginning of the academic year or at the beginning of the semester. The process takes about six weeks.

The forms must be submitted up to ten days before the board convenes.

A student who is recognized by the National Insurance Institute or the Ministry of Defense as having a disability must attach certificates to this effect and furnish medical certificates from a medical specialist.

A student who is not recognized by the National Insurance Institute or the Ministry of Defense as having a disability must attach certificates from the medical specialist only.

Please note that we will not be able to handle applications that are submitted late or without all of the above necessary certificates.
BGU’S MEDICAL BOARD FOR RECOGNITION OF STUDENTS WITH MEDICAL DISABILITIES

APPLICATION FORM FOR RECOGNITION OF STUDENT WITH A MEDICAL DISABILITY

Date of submitting the application: __________________

Surname ___________________ First Name ___________________

ID No. ___________________ ______________________________

Date of birth ______ Date of immigration ______ Country of origin _________

Tel: ___________ Cell phone: ___________________________

Address: ___________________ __________________________

Faculty: ___________________ __________________________

Department: ___________________ _______________________

Academic year ______ Please circle whichever is appropriate: 1st, 2nd, 3rd + 4th

Degree: Bachelor’s/Master’s

Were you diagnosed in the past with the medical disability for which you are now applying? Yes/No

Did you have approval to receive extra time in high school for this disability? Yes/No

Did you have approval to receive extra time for your psychometric exam for this disability? Yes/No

Did you have approval for extra time from the university/college/ preparatory course for this disability? Yes/No
Are you recognized as disabled by the National Insurance Institute or the Ministry of Defense? Yes/No

If yes, please specify:

1. Percentage of disability ____________________________
2. Disorder clauses ___________________________________
3. Temporary/permanent disability _____________________
4. Date of determination of disability ___________________

What treatment do you receive for your problem? ________________________________

Did you serve in the IDF? Yes/No   What was your position? _______________________

Specify your requests from BGU’s Medical Board:

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

*** If your request is to receive a vehicle entry permit to the campus, please indicate the following details:

Vehicle number: ____________________________
Vehicle model: ____________________________
Color: _________________________________
Name of driver: _________________________
Mobile: ______________________________
Name of the campus for which the permit is requested: Marcus/Hayes
Dear Dr.,

The student ____________ ID Card No.__________ referred to us with a request to receive academic accommodations and assistance (primarily extra time for exams) in view of a medical problem in your field of specialty. If the student suffers from a significant medical problem, the student is entitled to receive academic accommodations and assistance in order to help him/her better cope on an equal footing with the other students. Since granting the accommodations, and particularly extra time for exams, may discriminate against the other students, we are very careful about providing such accommodations. Therefore, the student’s request is reviewed by a board headed by a doctor.

Sincerely yours,

Prof. Moshe Kaspi
Dean of Students

We would appreciate it if you would organize your medical opinion as follows:

a. Medical history ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

b. ICD 10 medical diagnosis (please write diagnosis number)________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

   c. Drug therapy prescribed (from when is it prescribed)___________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
d. How this problem affects the student's academic performance
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

e. Remarks
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

None of the aforesaid prejudices the right of BGU to receive a second opinion, if necessary.

Sincerely yours,

Dr. __________________________
Signature and stamp __________________________
Date ____________
Specialist in __________________________
WAIVER OF MEDICAL CONFIDENTIALITY

I, the undersigned, ______________________  ______________________  ______________________
First name       Surname       ID Card No.

hereby declare that I consent as follows:

1. I consent that full and detailed information on my health condition and physical impairments in
the past and present, which exists in the healthcare funds and/or the National Insurance
Institute and/or in a medical or other institution, will be submitted to Ben-Gurion University of
the Negev (hereinafter: “BGU”) or anyone acting on its behalf.

2. I consent and request that any person or institution which has any information about my health
condition will disclose it to BGU or to anyone acting on its behalf, upon request.

3. My consent is meant to allow BGU or anyone acting on its behalf to consider my request.

4. I agree to disclose any information required of me in order to decide regarding my request.

5. I authorize BGU to pass on the information provided by me to any necessary third party in order
to render a decision concerning my request.

In Witness Whereof I Set My Hand Hereto,

______________________________
Signature of the patient or the legal guardian