



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 Avishag Levi,
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

Dean of Students
Medical Board for Students with Disabilities
Tel: 08-46580706; Fax: 08-4658746

Date _____

OPINION OF MEDICAL SPECIALIST

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 _____

Specialist in _____

Date _____

