

The

# Zeitah Excavation

## Volunteer Application 2011

\_\_\_ Complete \_\_\_ Accepted \_\_\_ Denied

*A Project Affiliated with the  
American Schools of Oriental*



**Ron E. Tappy**  
Project Director  
Principal Investigator

**Gabriel Barkay**  
Senior Field Archaeologist

**Barbara L. Johnson**  
Ceramics Coordinator

**Ed Maher**  
Anthropological  
Archaeologist

**P. Kyle McCarter**  
Epigraphist

**Sherry L. Whetstone**  
Registrar

**Connie G. Tappy**  
Personnel Coordinator  
Project Administrator

**Advisory Committee**  
Shlomo Bunimovitz  
Yehuda Dagan  
William G. Dever  
Seymour Gitin  
Lawrence E. Stager

**Sponsor**  
Pittsburgh  
Theological Seminary

**The Zeitah Excavations**  
Pittsburgh Theological  
Seminary  
616 N. Highland Ave.  
Pittsburgh, PA 15206

**Phone**  
412-441-3304, ext. 2126

**Fax**  
412-363-3260

**Email**  
tappy@fyi.net

**Website**  
www.zeitah.net

**Name:** \_\_\_\_\_  
Last First Middle

**Current Contact Information** (effective through \_\_\_\_\_):

Institution: \_\_\_\_\_

Street Address/P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
(area code) (area code)

Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
(area code)

**Permanent Contact Information** (e.g., list parent's address if a student):

Name of Primary resident (if not yours): \_\_\_\_\_

Street Address/P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
(area code) (area code)

Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
(area code)

**Overnight weekend field trips\*— If field trips are offered, I would sign up for:**

\_\_\_ Galilee Region \_\_\_ Negev Region

**\*Note: If you are registering for academic credit through Pittsburgh Theological Seminary (three or six quarter units), you must register for both field trips.**

**I am seeking academic credit through:**

\_\_\_ Pittsburgh Theological Seminary; Number of quarter units sought: \_\_\_ Three \_\_\_ Six

\_\_\_ My home institution (Name and Address of Institution): \_\_\_\_\_

\_\_\_ Institutional Program Coordinator /Contact: \_\_\_\_\_

\_\_\_ I am not seeking academic credit

**Are you interested in linking up with other Zeitah participants for an Air Canada flight from Toronto to Tel Aviv and back?\*\*\*** \_\_\_ Yes \_\_\_ No

**\*\*\*Note: If you check "Yes," we will provide you with the flight itinerary on which other Zeitah participants will be traveling, but you will be responsible for making and paying for your own Air Canada round-trip reservations between your home city and Tel Aviv. Participants arriving in Tel Aviv on this flight will be met at Ben Gurion airport and transported as a group to our accommodations at Kibbutz Gal-’on**



# Medical Status Questionnaire

**Note to applicants:** This questionnaire will help the excavation assess your physical soundness for strenuous work and a rigorous daily schedule. It will also alert you as an applicant to consider carefully whether you are medically fit to perform archaeological field work in Israel's semi-tropical climate, which may cause otherwise minor ailments to become significant problems or may alter the effects of some medications.

Recurrences of past physical problems or complications with your medications while on the dig may affect your ability to participate, may require special medical attention available only at a hospital facility, or may force you to return home. It is for your own benefit that we ask you to answer all questions on this form as accurately as possible, noting any and all pertinent medical history and current medical conditions, even if you believe the information may jeopardize your acceptance.

Please fill out the beginning portion of the questionnaire (through *Emergency Contact Information*) yourself, and have your physician fill out the second section. **Your physician's physical exam must occur within two months of your submitting your application.** Then sign the statement at the end of the form.

**Thank you for being as candid as possible.**

**Name:** \_\_\_\_\_

## Medical Insurance

**Note: You must submit with your application a copy of your valid medical insurance card or policy that will cover you in Israel. Please confirm your coverage in Israel with your insurance company.** You will be responsible for all costs of medical care (including hospitalization) needed in Israel or after you return from the excavation. *The Zeitah Excavations* will make referrals to physicians and hospitals in Israel but accepts no financial responsibility for the cost of your medical care.

Medical Insurance Company: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Policy Holder: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Type of coverage: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

## Physical Status

Height: \_\_\_\_\_ feet \_\_\_\_\_ inches Weight (in pounds): \_\_\_\_\_ Glasses/Contacts: \_\_\_ Yes \_\_\_ No

## Medical History

Please list any hospitalizations for major physical or mental illness, surgery, or injury. Give dates, reasons, and results. \_\_\_\_\_

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

Do you have, or have you ever had, any allergies or allergic reactions to drugs, foods, injections, or insect bites? \_\_\_ Yes \_\_\_ No If yes, please give details. \_\_\_\_\_

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

Are you currently restricted by a physician in any physical activities, or have you been so in the past year? \_\_\_ Yes \_\_\_ No If yes, please give details. \_\_\_\_\_

\_\_\_\_\_

Have you ever had any of the following? (Please provide specific names of ailments, dates of their duration, medications required, and results for **all** conditions to which you answer “yes.”)

	<b>Yes</b>	<b>No</b>
Sight impairment, frequent eye infections, glaucoma	___	___
Hearing impairment, ear infections	___	___
Diabetes	___	___
Polio (with resulting debilities)	___	___
Cancer	___	___
Frequent shortness of breath, asthma, or wheezing	___	___
Severe skin diseases, irritations, infections	___	___
Chronic cough	___	___
Palpitations of the heart or arrhythmia	___	___
High blood pressure	___	___
Dysentery	___	___
Recurrent diarrhea or colitis	___	___
Yellow jaundice or hepatitis	___	___
Stomach or duodenal ulcer	___	___
Kidney or bladder infection, kidney stones	___	___
Back injury/strain, recurring back pain	___	___
Difficulty walking/climbing, painful joints (bursitis, arthritis)	___	___
Serious head injury or other neurological disorder	___	___
Hernia, rupture	___	___
Fainting spells, dizziness	___	___
Epilepsy, seizures	___	___
Migraine headaches	___	___
Mental illness	___	___

Details (including current medications) **N.B. Please check with your doctor(s) concerning medications which may have side effects as a result of photo-sensitivity, the use of diuretics, the use of medications you have not used prior to traveling to Israel, etc.** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***For your own health’s sake, you must inform the excavation of any significant changes in your medical status prior to departing for Israel.***

***Emergency Contact Information***

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street Address/P.O. Box: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
(area code) (area code) (area code)

**Physical Examination** (to be completed by physician)

**Note to physician:** *The Zeitah Excavations requires this examination in order to determine your patient's present state of physical and emotional health and his or her ability to perform strenuous outdoor work in a semi-tropical summer climate. Archaeological field work requires physical labor such as lifting and carrying rocks and 15–20 pound buckets of dirt, extended use of picks and shovels, pushing wheelbarrows fully loaded with rocks and dirt, climbing ladders, and sweeping fine dirt. A considerable amount of time will be spent in direct, intense sunlight in temperatures approaching and sometimes exceeding 100° Fahrenheit.*

*In your evaluation and recommendation of your patient, please give careful consideration to disorders of the musculo-skeletal system, especially the lower back; respiratory disorders, especially asthma; heart problems, especially in older adults; skin diseases; obesity, which can prove to be a serious problem in any age group; and emotional well-being.*

*Thank you for your thorough examination and candid comments.*

Please check the appropriate column and describe abnormal findings in detail.

	Normal	Abnormal	Details
General Appearance			
Blood Pressure			
Blood Type			
Pulse rate ( <i>per min.</i> )			
Height ( <i>inches w/shoes</i> )			
Weight ( <i>lbs. clothed</i> )			
Weight ( <i>one year ago</i> )			
Skin			
Lymph nodes			
Ears			
Mouth/teeth/pharynx			
Breasts			
Chest and lungs			
Cardiac			
Abdomen			
Hernia ( <i>male only</i> )			
Genitalia ( <i>male only</i> )			
Upper Extremities			
Lower Extremities			
Back/spine			
Rectal ( <i>if any history</i> )			
Peripheral vascular			
Neurological			
Emotional stability			
Other observations			

**Immunization Status**

*The Zeitah Excavations* requires volunteers to have a **tetanus booster** current within five years. Please indicate the most recent date the applicant (your patient) received this booster: \_\_\_\_\_

Recent medical findings have indicated an increasing occurrence of **Hepatitis A** in the region in which we will be excavating. We therefore strongly urge all applicants to discuss with their physician the suitability of the Hepatitis A inoculation for them.

Has this been discussed? \_\_\_ Yes \_\_\_ No

Hepatitis A inoculation received? \_\_\_ Yes (Date: \_\_\_\_\_) \_\_\_ No

***Physician's Summary***

Please list all significant impairments and diagnoses below.

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Do you have any reservations about recommending this individual for participation in the kinds of strenuous outdoor activities outlined in the *Note to physician* at the beginning of this form? \_\_\_ Yes \_\_\_ No

If "yes," please explain: \_\_\_\_\_

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Signature of examiner: \_\_\_\_\_ Date: \_\_\_\_\_

Name of examiner (printed): \_\_\_\_\_

Complete address: \_\_\_\_\_

Telephone (including area code): \_\_\_\_\_

***Thank you for your evaluation of this applicant for The Zeitah Excavations.***

***Applicant's Signature and Mailing Instructions***

I have read the statements concerning health conditions, immunizations, and medical insurance, and I understand them fully. I further certify that all of the information I have provided on this application is true, complete, and accurate, to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please ***mail*** the following documents:

- \_\_\_ Application
- \_\_\_ Letters of reference
- \_\_\_ Proof of medical insurance
- \_\_\_ Medical questionnaire completed by physician
- \_\_\_ Copy of the information page of your passport (if available now)
- \_\_\_ \$25 non-refundable application fee made out to "PTS, The Zeitah Excavations"

***All materials are due by May 6, 2011, and should be mailed to:***

Dr. Ron E. Tappy  
*The Zeitah Excavations*  
Pittsburgh Theological Seminary  
616 N. Highland Avenue  
Pittsburgh, Pennsylvania 15206-2596