



**EDUCATION:** (secondary and post-secondary levels)

Institution	City, Country	Dates	Degree Obtained

**WORK EXPERIENCE:** (latest first)

Employer	City, Country	Dates	Duties

**HOBBIES:** \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**Details concerning the job you will hold upon completion of MPH studies (if known):**

To be completed by an official representative of the institution/agency

A letter from an employer or future employer attesting to the intent to employ the applicant upon completion of the MPH degree is recommended.

Agency: \_\_\_\_\_

Position: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

\_\_\_\_\_  
Name of nominating official: \_\_\_\_\_ Date: \_\_\_\_\_

## LETTERS OF RECOMMENDATION:

Please supply the names, titles/positions, and institution of individuals from whom you have requested letters of recommendation. Original letters should be sent directly by the recommender to the Chair, Admissions Committee, International MPH Program, as per the instructions on the attached form. If this is not feasible, the letters must be enclosed in a sealed envelope signed by the writer of the letter and submitted together with this form.

NAME	TITLE/POSITION	INSTITUTION

## **PART B**

Please write an autobiography (1-2 pages) in which you relate specifically to the following points:

1. Your professional experiences and training prior to the job in which you are currently employed.
2. Your reasons for wanting to undertake studies for the MPH degree.
3. The reasons why you believe you qualify for this program.
4. The job you expect to hold upon completion of MPH studies.
5. The ways and the settings in which you feel you will be able to implement what you learn in this course in your country in the future.
6. Additional relevant comments.

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

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

**Please see brochure for instructions on submission of your application.**

### **CAUTIONARY NOTE:**

While we make every effort to ensure that all our students succeed in their studies and are awarded the MPH degree, and despite our diligence in screening applicants and the applicant's careful weighing of the advantages and disadvantages of enrolling in our Program, it does occasionally happen that a student fails one or more subjects or does not complete the thesis/paper successfully.

This is very distressing but it is a possibility that must be recognized. In such a case, the MPH degree will not be awarded. The student will receive a transcript indicating the successfully completed courses.

Also, we may find that a student's English is below par or that for others reasons the student is not suited to this course. On the other hand, the student may not find the course material of interest or relevance, may have difficulty in keeping up with the academic demands, or may not be able to cope with being away from his/her family.

In order to meet any of these contingencies, at the completion of the first semester, we review together with the student his or her academic standing. This review will determine the student's suitability to the Program and the School's ability and resources to meet the student's needs. At this point the student may decide to discontinue the MPH studies or the School may suggest that such a course of action be taken.

Again, these are rare events, and we do not mean to deter anyone from applying to the Program, but it is important to us that applicants are aware of this eventuality.

**The Braun Hebrew University-Hadassah School of  
Public Health & Community Medicine  
INTERNATIONAL MPH PROGRAM**

**APPLICANT'S MEDICAL CERTIFICATE**

This medical form is to be completed after a thorough clinical/laboratory examination (including chest X-ray), by a Medical Officer of the Ministry of Health of the applicant's country of residence, or by a registered Medical Practitioner approved by such Medical Officer. We reserve the right to require the applicant to undergo further medical examinations before or during his/her studies.

**Applicant's Surname:** \_\_\_\_\_ **First Name(s):** \_\_\_\_\_

Date of Birth: YEAR \_\_\_\_\_ MONTH \_\_\_\_ DAY \_\_\_\_ Sex: M F

**A. MEDICAL HISTORY**

<b>Has the applicant been diagnosed with any of the following conditions?</b>			
			If Yes, please provide details
Cardiovascular disease (including hypertension)	YES	NO	
Pulmonary disease (including asthma, TB, tumor)	YES	NO	
Gastrointestinal disease (including liver disease, ulcers)	YES	NO	
Renal disease	YES	NO	
Neurological disorder (including convulsions, stroke)	YES	NO	
Mental illness / psychiatric condition	YES	NO	
Endocrinological disease (including diabetes, thyroid disease)	YES	NO	
Anemia	YES	NO	
STD (including HIV)	YES	NO	
Malaria	YES	NO	
Rheumatological disease	YES	NO	
Skin disorder	YES	NO	
Gynecological disorder	YES	NO	
Visual disorder	YES	NO	
Other (please specify)	YES	NO	
Has the applicant had any household contact with someone suffering from TB?	YES	NO	
Has the applicant undergone any major surgical procedure?	YES	NO	

**Signature and stamp of Medical Practitioner completing this report:** \_\_\_\_\_

## MEDICAL CERTIFICATE CONTINUED

### A. MEDICAL HISTORY continued

Has the applicant been diagnosed with any of the following conditions?			
			If Yes, please provide details
Does the applicant suffer from a condition requiring medical treatment or attention?	YES	NO	
Does the applicant require medication on a regular basis?	YES	NO	
Does the applicant have any dietary restrictions due to a health condition?	YES	NO	
Does the applicant smoke?	YES	NO	
(For female applicants): Is the applicant pregnant?	YES	NO	

### B. PHYSICAL EXAMINATION

Blood Pressure: Diastolic: _____ Systolic: _____			
			Comments:
Cardiac system	Normal	Abnormal	
Respiratory system	Normal	Abnormal	
Liver	Normal	Abnormal	
Spleen	Normal	Abnormal	
Lymph nodes	Normal	Abnormal	
Skin	Normal	Abnormal	
Dental/oral hygiene	Normal	Abnormal	
Extremities	Normal	Abnormal	

### C. LABORATORY RESULTS – date \_\_\_\_\_

ESR:	HB/HCT:	WBC:	Urine glucose:
Urine protein:	HIV:		
Chest x-ray result	Normal	Abnormal	
<b>Having considered the applicant's medical history and present physical and mental state, is the person examined fit to travel by air and study abroad for 12 months in a demanding program?</b>			YES
			NO

General Remarks:

Name of Medical Practitioner completing this report: \_\_\_\_\_

Signature and stamp: \_\_\_\_\_ Date: \_\_\_\_\_

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

**The Braun Hebrew University-Hadassah School of  
Public Health & Community Medicine  
INTERNATIONAL MPH PROGRAM  
Letter of Recommendation  
for**

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Dear Sir/Madam,

The above named person is applying to the International Master of Public Health Program (IMPH) at the Braun School of Public Health & Community Medicine at the Hebrew University-Hadassah in Jerusalem, Israel.

The Program is an intense one-year academic course of study covering a wide variety of public health related courses. The language of instruction is English, and applicants must have a strong command of spoken, written and read English. The curriculum includes courses in epidemiology, statistics, and research methods. Other required courses include health economics, public health policy, sociology, nutrition, and more. Students also choose from a wide range of elective courses, and complete a thesis or master paper.

Our students come from the world over, and the blend of different cultures makes for an exciting and stimulating learning and living experience, that requires a high degree of cultural sensitivity on the part of each class member.

The applicant is competing for one of a limited number of scholarships that cover all the costs of the academic program and social activities (except airfare).

We would greatly appreciate your addressing the following points in your letter:

1. The nature and duration of your relationship with the applicant
2. The applicant's strengths and weaknesses (both academic/professional and personality)
3. Your assessment of the applicant's academic/professional abilities relative to other students/employees with whom you are familiar
4. The applicant's potential opportunities for implementing and disseminating the skills and knowledge that he/she will gain during the MPH course

We greatly appreciate your effort in preparing a confidential letter that will allow us to objectively gauge the applicant's likelihood of successfully completing the academic requirements of the Program, and benefiting from this unique international learning experience.

Please post your letter directly to us. If this is not feasible, please enclose your letter in a sealed envelope signed by you across the closure flap, to be sent to us by the applicant along with the other application material. Emailed copies will be considered as preliminary and do not take the place of original signed copies.

Sincerely,

Chair, IMPH Admissions Committee  
Braun School of Public Health and Community Medicine  
P.O.B. 12272, Jerusalem 91120 Israel Email: pam@hadassah.org.il