Medical Screening and Fitness Certificate

(for selected pilgrims only)

Must obtain following certificate from a registered Medical Practitioner MBBS / Government Doctor.

[The certifying doctors should ensure proper screening of the pilgrim and clearly recommend whether the concerned pilgrim is fit to undertake Haj journey or not.

Providing false information may lead to legal action/matter being reported to Medical Counsel of India against the concerned medical practitioner].

| 1. | Cover No. | | : | |
|-----------|--------------------------------------|--------------------------------------|--|--|
| 2. | Name | | : | |
| 3. | Father's/Husband's Name | | : | |
| 4.# | A.Chest X-Ray & Report | | : | |
| | B.CBC Report with Blood Group | | : | |
| | C. | Diabetic | | |
| | | (Tick ($\sqrt{\ }$) as applicable) | : Yes No No | |
| | D. | Blood Pressure | : High Low Normal | |
| | E. | Past Medical History of | : Hypertension / DM (Diabetes Mellitus) / IHD (Ischemic Heart Disease) / Stroke (Cerebrovascular accident) / Chronic renal failure / psychiatry diseases : | |
| | | | | |
| t is cert | tified tha | at particulars mentioned abo | ve are correct and the applicant is fit to undertake Haj journey. | |
| | Name of the Doctor Registration No. | | | |
| | | | | |
| # (Mu | ıst furnis | h proof in respect of 4A & B, | failing which Haj Application shall be Rejected, being incomplete) | |
| | | | Seal | |
| Signa | ature / 1 | Thumb Impression of Applic | Verified by Registered Medical Practitioner cant (with complete address, Registration No. | |

Seal & Signature)