

HAJ COMMITTEE OF INDIA
MEDICAL SCREENING & FITNESS CERTIFICATE - 1443 (H) - 2022 (CE)

Pilgrim Name

Date of Birth

Gender

Blood Group

PHOTOGRAPH
Paste your recent
passport size colour
photograph having
WHITE
BACKGROUND
(Size:3.5cm x 3.5 cm)

History of previous illness

1. Paralysis/Fits ?

Yes

No

2. Asthma/Allergies ?

Yes

No

3. Covid Infection ?

Yes

No

4. Pregnancy Details ?
(For Lady Pilgrims only)

Yes

No

5. Major Surgeries ?

Yes

No

6. Diabetes ?

Yes

No

7. Hypertension/BP ?

Yes

No

8. Tuberculosis(TB) ?

Yes

No

9. Heart Diseas/
Bypass Surgery ?

Yes

No

10. Respiratory
diseas ?

Yes

No

I have carefully examined the patient and certify that He/She is not suffering from above Health Conditions and fit to travel and perform Haj.

Name of the Doctor

Registration No.

SEAL

Signature / Thumb Impression of Haj Applicant

Verified by Registered Medical Practitioner
(with complete address, Seal & Signature)