Medical Screening and Fitness Certificate

(To be submitted by the selected pilgrims only)

To be obtained from a registered Medical Practitioner MBBS / Government Doctor.

1. Cover No. : .....

2. Name : .....

3. Father's/Husband's Name : .....

A. Diabetic
(Tick (√) as applicable) : Yes ☐ No ☐

B. Blood Pressure : High ☐ Low ☐ Normal ☐

C. Past Medical History of : Hypertension / DM (Diabetes Mellitus) / IHD (Ischemic Heart Disease) / Stroke (Cerebrovascular accident) / Chronic renal failure / psychiatry diseases :

It is certified that particulars mentioned above are correct and the applicant is fit to undertake Haj journey.

Name of the Doctor .....

Registration No. .....

Seal

Signature / Thumb Impression of Applicant

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