

# 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 :

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

Name of the Doctor .....

Registration No. ....



Signature / Thumb Impression of Applicant

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