





	Medical Exa	amination (to be	filled by Doctor)		
Any medical	complaints:				
	••••••	•••••			
	Constant in the second				
Pallor	General Examination		Systemic Examina	tion	
Icterus			CVS		
The state of the s			Per Abdomen		
Pulse rate			Respiratory System		
Temperature			Any Gross Neurodeficit-		
5			weakness/Paralysis- Yes/No		
Respiratory Ra			Any other significant finding	ţs:	
Blood Pressur					
Pregnant Yes/					
If Pregnant LN					
	es above 28 weeks of pre	(T)			
and the second second	f journey may not be pen	mitted as per the	¥.		
guidelines)					
Random Blood					
(FT	&	ECG	(If.	Reqd)	
ny other if ne					
my other if nee	:ded				
Remarks:					
`:(:	(D				
Certification of		0 1: 0			
			iption & certify that he/she i		
		have also advise	ed pilgrims on medications to	carry adequa	
nedicines with	them.				
James of Deate		C.			
vanie of Docto	r (in Block letters)	Signature & Stamp of Govt. Medical Officer			
			(allopathic)		
		Date:			
		Date:	Designation N - CD	LV	
	1		Registration No. of Doctor		

Sign/thumb impression of the applicant







MEDICAL SCREENING & FITNESS CERTIFICATE- 1446(H)- 2025(C.E) (Must obtain the following certificate from a Government Medical Officer (Allopathic) authorized by the State/UT Government/Central Govt./Defence Authorities /PSU/

Autonomous Bodies)

Photograph Paste your recent

passport colored photo having white a

background (Size: 3.5 cm x 3.5

cm)

Contact No.:

Blood Group:

Personal Particulars:

Name

Date of Birth:

Gender: Male/Female

ID No. (Passport/voter Id/Aadhar etc.)

Complete address:

		Self-declaration To be filled by the Haj applicant	Please circle/ कृपया गोला लगाये	
1.		Do you suffer from epilepsy or from sudden attacks of loss of consciousness or giddiness from any cause?	Yes/No	
		क्या आप मिर्गी से पीड़ित हैं या किसी भी कारण से अचानक बेहोशी या चक्कर आने के दौरे से पीड़ित हैं?	हां/ ना	
-5-514	2.	Are you suffering from defect in vision?	Yes/No	
		क्या आप दृष्टि दोष से पीड़ित हैं	हां/ ना	
3.	Ha	ve you ever been diagnosed with?/ क्या आपको कभी कोई बीमारी हुई है?	107	
	a)	Tuberculosis(TB)/(ਟੀबੀ)	a) Yes/No (हां/ ना)	
	b)	COPD (Asthma/Bronchitis/Emphysema etc.)	b) Yes/No (हां/ ना)	
		अस्थमा/ब्रोंकाइटिस/वातस्फीति	c) Yes/No (हां/ ना)	
	c)	Hypertension (BP)/ रक्तचाप	d) Yes/No (हां/ ना)	
	d)	Diabetes Mellitus/ मधुमेह	e) Yes/No (हां/ ना)	
	e)	Heart related illness/ हृदय संबंधी बीमारी	f) Yes/No (हां/ ना)	
	f)	Kidney disease/ गुर्दे की बीमारी	g) Yes/No (हां/ ना)	
	g)	Liver disease/ यकृत रोग	h) Yes/No (हां/ ना)	
	h)	Cancer/ कैंसर	i) Yes/No (हां/ ना)	
	i)	Bleeding Disorder/ रक्तस्राव विकार	j) Yes/No (हां/ ना	
	j)	Any Other (Specify)/ कोई और (उल्लिखित करे)		
	4.	Pregnant/ गर्भवती	Yes/No (हां/ना)	
		Last menstrual period (in DD/MM/YYYY) अंतिम मासिक माहवारी (in DD/MM/YYYY)		
	5.	History of Allergy/ एलर्जी (if any)	Yes/No (हां/ ना)	
		Details if answer is yes		

Self-Declaration for Medical Certificate by Haj Applicant/ हज आवेदक द्वारा चिकित्सा प्रमाणपत्र के लिए स्व-घोषणाः

I					S/I	D/W o	f	hereby declare that the
abo	ve men	tioned informatio	n is t	rue	to the	best o	f my	knowledge and my application may be cancelled if it
								ず S/D/W
of.				घ	षणा क	रता हुं	कि र	उपरोक्त उल्लिखित जानकारी सर्वोत्तम रूप से सत्य है और मेरी
								: किया जा सकता है।