CIRCULAR

Sub: Haj 1440 (H) – 2019 (C.E.).

Attention is invited to Para No. 5 of Circular No. 9 dated 15th January, 2019, in which pilgrim were instructed to submit Chest X-ray report and Blood report along with Medical Screening and Fitness Certificate.

Representations have been received from different quarters that the pilgrims are facing difficulties in obtaining Chest X-ray report and Blood report respectively. The Haj Committee of India in its meeting held on 27.01.2019 has decided that, instead of submitting Chest X-ray report and Blood report the pilgrims may submit Medical Screening and Fitness Certificate from registered Medical Practitioner MBBS/Government Doctor as per past practice.

(Dr. Maqsood Ahmed Khan)
Chief Executive Officer.

1. The Executive Officer, All State/U.T. Haj Committees.
2. Chairman & All Members, Haj Committee of India and Joint Secretary, Ministry of Minority Affairs, for kind information.
3. Dy. C.E.O./Op./Admn. /Accts., Haj Committee of India
4. Computer Section, Haj Committee of India for uploading on website of HCoI.
Medical Screening and Fitness Certificate
(To be submitted by the selected pilgrims only)

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

[The certifying doctors should ensure proper screening of the pilgrims and clearly recommend whether pilgrim is fit to perform haj or not. Providing false information may lead to legal action/matter being reported to Medical Counsel of India against the medical practitioner.]

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 Haj journey.

Name of the Doctor .......................................................

Registration No. ..........................................................

Signature / Thumb Impression of Applicant

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