





MEDICAL SCREENING & FITNESS CERTIFICATE- 1444(H)- 2023(C.E) (Must obtain the following certificate from a Government Medical Officer (Allopathic) authorized by the State/UT)

Personal Particulars

Name: Date of Birth:
Gender: Male/Female Contact No.:
ID No. (Passport/voter Id/Aadhar etc.) Blood Group:
Complete address:

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Paste	your	recent		
passpo	ort size	colored		
photo having a white				
backgi	round			

Photograph

(Size: 3.5 cm x 3.5

cm)

Anv	medical	complaints:
AllV	meuicai	Complaints.

2. Diabetes Mellitus Yes/No

3. Hypertension (BP) Yes/No,

Heart Attack Yes/No,

1. COPD (Asthma/Bronchitis/Emphysema etc.)

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History of Previous Illness

Yes/No

6. Tuberculosis Yes/No

7. Renal Disease Yes/No

8. Cancer Yes/No

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Any other heart related illness Yes/	No
4. Mental illness Yes/No,	9. Bleeding Disorder Yes/No
Epilepsy Yes/No	
5. Liver Disease Yes/No	10. Any Other (Specify)
	Medical Examination
General Examinati	ion Systemic Examination
Pallor	CVS
Icterus	Per Abdomen
Pulse rate	Respiratory System
Temperature	Any Gross Neurodeficit-
	weakness/Paralysis- Yes/No
Respiratory Rate	Any other significant findings:
Blood Pressure	
Pregnant Yes/No	
If Pregnant LMP	
(Pregnant ladies above 28 weeks of pr	regnancy at the
starting date of journey may not be pe	rmitted as per the
guidelines)	
Investigation Findings:	
CBC	
Random Blood Sugar	
X-Ray chest	
KFT & ECG (If. Reqd)	
Any other if needed	
Remarks:	
Certification of Doctor	
	this/her prescription & certify that he/she is physically & mentally
	advised pilgrims on medications to carry adequate medicines with
them.	advised prigrims on medications to earry adequate medicines with
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Name of Doctor (in Block letters)	Signature & Stamp of Govt. Medical Officer
	(allopathic)
	Date:

Sign/thumb impression of applicant

Registration No. of Govt. Doctor