

Government of India
Ministry of Minority Affairs
Haj Committee of India

Section : Medical Health Screening & Vaccination of Haj Pilgrims

Bait-ul-Hujjaj (Haj House),
7-A, M.R.A. Marg,
Mumbai – 400 001.

Date: 8th October, 2024.

Haj-2025

9

CIRCULAR

Sub.: Medical Screening & Fitness Certificate for pilgrims of Haj-2025 (Hijri-1446)- Reg.

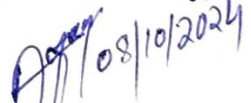
As per Guidelines formulated for the pilgrims travelling for Haj-2025 (Hijri-1446), all provisionally selected pilgrims are required to undergo medical examination taking into consideration the prescribed format of Medical Screening & Fitness Certificate. Further, the Ministry of Health & Family Welfare has been entrusted the responsibility to deal with Health-related medical issues of Pilgrims of Haj-2025, so as to ensure a safe, hassle-free and seamless Haj pilgrimage with minimal health challenges.

2. The Proforma of Medical Screening & Fitness Certificate, duly approved by the Government of India, Ministry of Minority Affairs and the Ministry of Health & Family Welfare to be used by the pilgrims of Haj-2025 (Hijri-1446) while undergoing medical examination is enclosed herewith.

3. The provisionally selected pilgrims are advised to download proforma of Medical Screening & Fitness Certificate and undergo medical examination through Government Medical Officer (Allopathic) authorized by the State/U.T. Government/Central Government/Defence Authorities/ PSU/ Autonomous Bodies. The said authorities will examine the prospective Haj pilgrim, record the observations and sign and seal the Medical Screen & Fitness Certificate, accordingly. The pilgrims/SHCs will have to upload the said Medical Screening & Fitness Certificate, duly completed in all respect, on the portal of Haj Committee of India's website www.hajcommittee.gov.in.

4. All State/Union Territory Haj Committees are requested kindly to publicize the content of this Circular and to give wide publicity among the public in general and intending Haj Pilgrims in particular by using approved electronic media/Social Media Platform Press Releases etc. in the public interest.

Yours faithfully,



(Leyaqat Ali Aafaqui, IRS)
CEO, Haj Committee of India

Encl.: As stated above.

Copy to:-

1. The Additional Secretary, Department of Health & Family Welfare, Ministry of Health & Family Welfare, Government of India, New Delhi.
2. The Joint Secretary (Haj), Ministry of Minority Affairs, Government of India, New Delhi.
3. The Chairman, Vice-Chairpersons & Members of Haj Committee of India, Mumbai.
4. The Consul General, Consulate General of India, Jeddah, Kingdom of Saudi Arabia.
5. The Director (Haj), Ministry of Minority Affairs, Government of India, New Delhi.
6. The E.O./Secretary, All State/Union Territory Haj Committees for information and necessary action.
7. The Under Secretary (Haj), Ministry of Minority Affairs, Government of India, New Delhi.
8. In-Charge, Computer Section, Haj Committee of India, for uploading on the website of HCOI.

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 size
colored photo
having a white
background
(Size: 3.5 cm x 3.5
cm)

Personal Particulars:

Name

Date of Birth:

Gender: Male/Female

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

Complete address:

Contact No.:

Blood Group:

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? क्या आप भिर्गी से पीड़ित हैं या किसी भी कारण से अचानक बेहोशी या चक्कर आने के दौर से पीड़ित हैं?	Yes/No हां/ ना
2. Are you suffering from defect in vision? क्या आप दृष्टि दोष से पीड़ित हैं	Yes/No हां/ ना
3. Have you ever been diagnosed with?/ क्या आपको कभी कोई बीमारी हुई है? a) Tuberculosis(TB)/(टीबी) b) COPD (Asthma/Bronchitis/Emphysema etc.) अस्थमा/ब्रोंकाइटिस/वातस्फीति c) Hypertension (BP)/ रक्तचाप d) Diabetes Mellitus/ मधुमेह e) Heart related illness/ हृदय संबंधी बीमारी f) Kidney disease/ गुर्दे की बीमारी g) Liver disease/ यकृत रोग h) Cancer/ कैंसर i) Bleeding Disorder/ रक्तस्राव विकार j) Any Other (Specify)/ कोई और (उल्लिखित करे)	a) Yes/No (हां/ ना) b) Yes/No (हां/ ना) c) Yes/No (हां/ ना) d) Yes/No (हां/ ना) e) Yes/No (हां/ ना) f) Yes/No (हां/ ना) g) Yes/No (हां/ ना) h) Yes/No (हां/ ना) i) Yes/No (हां/ ना) j) Yes/No (हां/ ना)
4. Pregnant/ गर्भवती Last menstrual period (in DD/MM/YYYY) अंतिम मासिक माहवारी (in DD/MM/YYYY)	Yes/No (हां/ ना)
5. History of Allergy/ एलर्जी (if any) Details if answer is yes	Yes/No (हां/ ना)

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

I..... S/D/W of.....hereby declare that the above mentioned information is true to the best of my knowledge and my application may be cancelled if it is found incorrect/false at a later date / मैं..... S/D/W of.....घोषणा करता हूँ कि उपरोक्त उल्लिखित जानकारी सर्वोत्तम रूप से सत्य है और मेरी जानकारी यदि बाद में गलत/ झूठी पायी गयी तो मेरा आवेदन रद्द किया जा सकता है।

Signature/Thumb Impression of the Haj Applicant

Medical Examination (to be filled by Doctor)	
Any medical complaints:	
...	
General Examination	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 pregnancy at the starting date of journey may not be permitted 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

I have carefully examined the pilgrim & his/her prescription & certify that he/she is physically and mentally fit/not fit to travel for Haj. I have also advised pilgrims on medications to carry adequate medicines with them.

.....
Name of Doctor (in Block letters)

**Signature & Stamp of Govt. Medical Officer
(allopathic)**

Date:

Registration No. of Doctor:

Sign/thumb impression of the applicant