



MEDICAL SCREENING & FITNESS CERTIFICATE- 1447(H)-2026(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 मिर्गी से पीड़ित हैं या किसी भी कारण से अचानक बेहोशी या चक्कर आने के दौरे 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 करें) | 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