

F. No. HCOI25-0099/1/2024-HCOI
HAJ COMMITTEE OF INDIA
Ministry of Minority Affairs
Government of India

Haj House, 7-A, M.R.A. Marg
Mumbai-400 001

Date: 01-09-2026

Haj – 2027
10

CIRCULAR

Subject: Medical Screening and Uploading of Relevant Documents for Haj 2027

In terms of the provisions of **Section 21 of Haj Policy 2027**, and in order to ensure that only medically fit pilgrims proceed for Haj, a **two-stage medical screening and fitness certification process** has been made mandatory for every selected pilgrim, i.e., Stage-I at the time of selection and Stage-II closer to the date of embarkation.

2. Accordingly, **Primary Medical Screening**, constituting Stage-I of the medical fitness assessment, is required to be conducted at Government healthcare facilities by a **Government Allopathic Medical Officer, along with the prescribed diagnostic investigations**.

3. All provisionally selected pilgrims are advised to undergo the prescribed medical screening and obtain the fitness certificate in the prescribed **Primary Medical Screening and Fitness Certificate Proforma**, enclosed as **Annexure-I**. The selected pilgrims shall upload the following documents on the HCOI portal or submit physical copies to their respective State/UT Haj Committees on or before **15.09.2026**:

- a. Primary Medical Screening and Fitness Certificate;
- b. Copy of Pay-in-Slip/online payment receipt.

4. The pilgrims are advised to keep the **original Medical Screening and Fitness Certificate and all investigation reports in safe custody**, as the same shall be required to be produced before the medical team at the time of **Stage-II medical screening and vaccination**.

5. It may be noted that the candidature of a pilgrim found medically unfit, as per the prescribed fitness criteria, shall be cancelled and the amount deposited by the pilgrim shall be refunded as per the applicable provisions. However, any pilgrim found to have **concealed or furnished false information regarding his/her health or medical condition** shall be liable for action, including **forfeiture of the deposited amount and prosecution**, as per the extant policy.

6. The State/UT Haj Committees are requested to coordinate with the concerned State/District Nodal Officers of the Health Departments and facilitate the district-wise medical screening and fitness certification of all provisionally selected pilgrims in a time-bound manner. They shall also liaise with Government healthcare facilities, maintain proper records of the screening process and promptly report cases of medically unfit pilgrims to the Haj Committee of India.

7. All concerned are requested to take necessary action accordingly.


(Shanavas C, IAS)
Chief Executive Officer

Enclosure: Medical Screening and Fitness Certificate – Haj 2027

Copy to:

1. The Joint Secretary (Haj), Ministry of Minority Affairs, New Delhi
2. Dr. Loveneesh G. Krishna, Director General of Health Services, New Delhi
3. The Director (Haj), Ministry of Minority Affairs, New Delhi
4. The Under Secretary (Haj), Ministry of Minority Affairs, New Delhi
5. The Consul General of India & Consul (Haj), CGI, Jeddah
6. The Executive Officers, All State/ Union Territory Haj Committees
7. The Deputy CEO's, Haj Committee of India
8. CEO Secretariat, Haj Committee of India
9. In-Charge, Computer Section for uploading on the HCoI website



MEDICAL SCREENING & FITNESS CERTIFICATE- 1448(H)- 2027(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)

Personal Particulars:

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

Photograph

Paste your recent
(clicked within 3
months) passport
size colored photo
having a white
background
(Size: 3.5 cm x 3.5
cm)

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. Are you currently taking any medication for /क्या आप अभी किसी बीमारी के लिए कोई दवा ले रहे हैं?	Yes/No (हां/ ना)
4. Have you ever been diagnosed with?/ क्या आपको कभी कोई बीमारी हुई है? a) Tuberculosis(TB)/(टीबी/क्षय रोग) -Currently taking medication for TB/अभी टीबी/क्षय रोग की दवा ले रहे हैं- b) Lung disease/COPD (Asthma/Bronchitis/Emphysema etc.) फेफड़ों की बीमारी /अस्थमा/ब्रोंकाइटिस/वातस्फीति/require oxygen support/ऑक्सीजन सपोर्ट की ज़रूरत है c) Hypertension (BP)/ रक्तचाप d) Diabetes Mellitus/ मधुमेह e) Heart related illness/ हृदय संबंधी बीमारी/Heart attack/Stroke/दिल का दौरा/स्ट्रोक/undergone Heart surgery/हृदय की सर्जरी हुई थी f) Kidney disease/ गुर्दे की बीमारी/Dialysis/डायलिसिस g) Liver disease/ यकृत रोग h) Cancer/ कैंसर i) Bleeding Disorder/ रक्तस्राव विकार j) Mental illness/मानसिक बीमारी k) Any Other (Specify)/ कोई और (उल्लिखित करें) -	a) Yes/No (हां/ ना) 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)



5. Only for females/ केवल महिलाओं के लिए- Pregnant/ गर्भवती Last menstrual period (in DD/MM/YYYY) अंतिम मासिक माहवारी (in DD/MM/YYYY)	Yes/No (हाँ/ ना)
6. History of Allergy/ एलर्जी (if any)- Details if answer is yes/अगर जवाब 'हाँ' है, तो विवरण दें-	Yes/No (हाँ/ ना)

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

Important Note from Haj Policy 2027:

Any person found to have furnished false information shall not be allowed to proceed for Haj. In such cases, he/she will be disqualified at any stage and deboarded even at the embarkation point. The entire amount deposited by him/her shall also be forfeited. Besides, he/she may be prosecuted for making an incorrect / false declaration.

हज नीति 2027 से संबंधित महत्वपूर्ण सूचना:

अगर कोई व्यक्ति गलत जानकारी देता हुआ पाया जाता है, तो उसे हज पर जाने की इजाज़त नहीं दी जाएगी। ऐसे मामलों में, उसे किसी भी स्टेज पर अयोग्य ठहराया जा सकता है और एम्बार्केशन पॉइंट (रवानगी की जगह) से भी वापस भेजा जा सकता है। उसके द्वारा जमा की गई पूरी रकम भी ज़ब्त कर ली जाएगी। इसके अलावा, गलत जानकारी देने के लिए उस पर कानूनी कार्रवाई भी की जा सकती है।

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

आवेदक के हस्ताक्षर/अंगूठे का निशान

Medical Examination (to be filled by Doctor)

Name of Applicant -

Age-

Gender-

Name of Government hospital-

State and District-

Date of Examination -

Medical Examination (to be filled by Doctor)	
Important Note Haj Policy 2027 (Fitness Criteria Haj Pilgrimage)	
1. Those pilgrims with severe medical conditions such as advanced cardiac, respiratory, liver, or kidney diseases; or senility, neurological or psychological disorders affecting cognition or accompanied by severe motor disabilities, old age associated with dementia, active cancer patients receiving chemotherapy, biological therapy, or radiotherapy and active infectious diseases affecting public health (such as open tuberculosis and hemorrhagic fevers). 2. Pregnant ladies above 28 weeks of pregnancy at the starting date of journey (April 2027) are not permitted as per the Saudi guidelines)	
History of Present illness- Any medical complaints/Any known comorbidity-	
Any medication taken by pilgrim currently- Yes/No	
If Yes, please provide details-	
General Examination	Systemic Examination
Height (in Metres)-	
Weight (in KG)-	
BMI-	
Blood Pressure-	CVS
Pallor-	Per Abdomen
Icterus-	Respiratory System-
	Difficulty in breathing- Yes/No
Temperature-	Any Gross Neurodeficit/locomotor disability/weakness/Paralysis- Yes/No
Pulse rate - - Regular/Irregular	Any other significant findings:
Respiratory Rate- - Regular/Irregular	
Pregnant Yes/No-	
If Pregnant LMP-	
EDD-	

*Pregnant ladies above 28 weeks of pregnancy at the starting date of journey (April 2027) are not permitted for Haj as per the Saudi guidelines



Lab & Radiological tests (Only Tests conducted in government facilities are valid)

SN	Investigations	Tests to be conducted for-	Test Findings (Must be within acceptable range)
1	CBC	All Applicant	
2	FBS/HbA1C	All Applicant	
3	X-ray Chest (PA view)**	All Applicant	
4	KFT	All Applicant	
6	LFT	All Applicants	
7	ECG	Mandatory for Applicants- 40yrs and above and <40yrs with (DM/HTN/Obesity/other comorbidity)	
8.	Any other test as suggested by physician upon assessment		

Remarks:

*All test findings must be within acceptable range for consideration in Pilgrim Selection Process.

**Applicant to be present with original X-ray films for diagnosis by the physician.

“CERTIFICATION OF DOCTOR”

Important Note: Certification is a legal document. False or negligent certification constitutes professional misconduct and will invite disciplinary/legal action as per applicable laws

“I confirm that I have examined the applicant named above based on the medical history provided and current clinical findings. I have read and understood the 'Fitness Criteria for Haj Pilgrimage' as mentioned in Important Note Point 1 & 2 (Haj policy 2027) in this document. Based on the medical examination & tests conducted on (Date:)and documented medical history:

At this Stage the applicant is found to be:

☐ FIT TO UNDERTAKE THE HAJ JOURNEY.

☐ UNFIT TO UNDERTAKE THE HAJ JOURNEY

.....

Name of certifying Doctor (in Block letters)-

MCI Registration No. of Doctor-

Signature & Stamp of Govt. Medical Officer(allopathic) with date:

Signature/Thumb Impression of the Haj Applicant

आवेदक के हस्ताक्षर/अंगूठे का निशान