

# HAJ COMMITTEE OF INDIA

(Constituted under the Act of Parliament No.35 of 2002)

Ministry of Minority Affairs, Government of India

HC-19/14/2019-23/ 1203

Date : 30<sup>th</sup> March, 2023.

HAJ-2023

7

## CIRCULAR

Sub.: Medical Screening & Fitness Certificate for pilgrims of Haj 1444 (H) – 2023 (C.E.) - Reg.

As per Guidelines formulated for the pilgrims of Haj 1444 (H) – 2023 (C.E.) every provisionally selected pilgrim is required to undergo medical examination taking into consideration the revised prescribed format of Medical Screening & Fitness Certificate.

2. The Ministry of Health & Family Welfare has been entrusted with the responsibility to deal with Health related medical issues of Pilgrims of Haj – 2023, so as to ensure a safe, hassle-free and seamless Haj pilgrimage with minimal health challenges.
3. The Medical Screening & Fitness Certificate Proforma duly approved by the Government of India, Ministries of Health & Family Welfare is to be used by the pilgrims of Haj 1444 (H) – 2023 (C.E.) which is enclosed herewith.
4. All provisionally selected pilgrims are advised to download the said proforma and undergo medical examination from Government Allopathic Doctors in their respective State/ Union Territory. The Government Allopathic Doctor will examine the prospective Haj pilgrim, record the observations and sign and seal the Medical Screen & Fitness Certificate accordingly. The pilgrims/SHCs have to upload the said Medical Screen & Fitness Certificate on the IHPMS against his/her details in the relevant column.
5. 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,

(Mohd. Yakoob Shekha)  
Chief Executive Officer.

30/3/23

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 Consul General, Consulate General of India, Jeddah, Kingdom of Saudi Arabia.
4. The Director (Haj), Ministry of Minority Affairs, Government of India, New Delhi.
5. The Executive Officer/Secretary, All State/Union Territory Haj Committees for information and necessary action.
6. The Under Secretary (Haj), Ministry of Minority Affairs, Government of India, New Delhi.
7. In-Charge, Computer Section, Haj Committee of India, for uploading on the website of HCoI.

**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)**

**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 \_\_\_\_\_ Contact No.: \_\_\_\_\_  
ID No. (Passport/voter Id/Aadhar etc.) \_\_\_\_\_ Blood Group: \_\_\_\_\_  
Complete address: \_\_\_\_\_

**Any medical complaints:**

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History of Previous Illness	
1. COPD (Asthma/Bronchitis/Emphysema etc.) Yes/No	6. Tuberculosis Yes/No
2. Diabetes Mellitus Yes/No	7. Renal Disease Yes/No
3. Hypertension (BP) Yes/No, Heart Attack Yes/No, Any other heart related illness Yes/No	8. Cancer Yes/No
4. Mental illness Yes/No, Epilepsy Yes/No	9. Bleeding Disorder Yes/No
5. Liver Disease Yes/No	10. Any Other (Specify)
Medical Examination	
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 & 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)**

**Sign/thumb impression of applicant**

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

**Date:**

**Registration No. of Govt. Doctor**