

**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:**

.....

| 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,<br>Heart Attack Yes/No,<br>Any other heart related illness Yes/No  | 8. Cancer Yes/No                                      |
| 4. Mental illness Yes/No,<br>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-<br>weakness/Paralysis- Yes/No |
| Respiratory Rate  | Any other significant findings:                       |
| Blood Pressure  |   |
| Pregnant Yes/No   |   |
| If Pregnant LMP<br>(Pregnant ladies above 28 weeks of pregnancy at the<br>starting date of journey may not be permitted as per the<br>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**