स्वास्थ्य एवं
परिवार कल्याण मंत्रालय
MINISTRY OF
HEALTH AND FAMILY WELFARE
सत्यमेव जयते

अल्पसंख्यक कार्य मंत्रालय
MINISTRY OF
MINORITY AFFAIRS
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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 (licked 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 लगायें
1. Do you suffer from epilepsy or from sudden attacks of loss of consciousness or giddiness from any cause? क्या आप किर्गी से पीड़ित हैं या किसी भी कारण से अचानक बेहोशी या चक्कर आने के दौरे से पीड़ित हैं?	Yes/No हॉ/ना
2. Are you suffering from defect in vision? क्या आप हृष्टि दोष से पीड़ित हैं?	Yes/No हॉ/ना
3. Are you currently taking any medication for/क्या आप अभी किसी बीमारी के लिए कोई दवा ले रहे हैं?	Yes/No (हॉ/ना)
4. Have you ever been diagnosed with?/ क्या आपको कभी कोई बीमारी हुई हैं? 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/ब्रॉन्काइटिस/ब्रातस्फीलि/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 (हॉ/ना) b) Yes/No (हॉ/ना) c) Yes/No (हॉ/ना) d) Yes/No (हॉ/ना) e) Yes/No (हॉ/ना) f) Yes/No (हॉ/ना) g) Yes/No (हॉ/ना) h) Yes/No (हॉ/ना) i) Yes/No (हॉ/ना) j) Yes/No (हॉ/ना)

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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 इजाजत 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 जब्त 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. I, ... S/D/W of..... चौषणा करता हूँ कि उपरोक्त उल्लिखित जानकारी सर्वमंत्तम 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

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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-
Temperature-	Difficulty in breathing- Yes/No
	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