

## MEDICAL CERTIFICATE - HAJJ 2023

### Instructions for Medical Officer

- Doctors are requested to be careful while filling the medical certificate. Uncontrolled diabetes, uncontrolled hypertension, severe ischemic, heart diseases, very old/ weak persons, disabled (without helper), applicants suffering from any contagious disease and pregnant ladies (who will be five month pregnant at the time of departure for Hajj) may not be declared fit for Hajj.
- A medical checkup may also be held at Haji Camp and applicants having above symptoms will not be allowed to travel and the rent of buildings at Makkah and Madina may also be deducted.
- Any case of medical repatriation arising out of a mis-declaration of medical fitness have to be funded by the applicant.

**Note: In case of mis-declaration or concealment of any medical condition, the Ministry reserves the right to initiate proceeding against the applicant/ certifying doctor. Such concealment may culminate in his deportation on his expense and**

**(To be Attested by Medical Officer of any Federal/Provincial Government/Semi Government/ Armed Forces/Autonomous Bodies/Corporation's Hospitals)**

Name of Doctor \_\_\_\_\_

Name of Hospital \_\_\_\_\_

Tehsil \_\_\_\_\_ District \_\_\_\_\_ Landline No: \_\_\_\_\_ Cell No: \_\_\_\_\_

Registration No.of Doctor with Pakistan Medical or Dental Council 

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

**It is certified that I have examined Mr. / Ms.** \_\_\_\_\_

**S/o, W/o , D/o** \_\_\_\_\_ bearing CNIC \_\_\_\_\_ & Passport No \_\_\_\_\_

and my opinion is given below.

| Age | Blood Group | Allergy to Following Medicines | Chronic diseases requiring regular medication |
|-----|-------------|--------------------------------|---|
|     |             | (i) _____                      | (i) _____                                     |
|     |             | (ii) _____                     | (ii) _____                                    |
|     |             | (iii) _____                    | (iii) _____                                   |

### **Detail of Corona Vaccine Administered**

| Dose                           | Covid-19 Vaccine Name | Batch | Date |
|--------------------------------|-----------------------|-------|------|
| 1st Dose                       |                       |       |      |
| 2nd Dose                       |                       |       |      |
| 1st Booster                    |                       |       |      |
| 2nd Booster<br>(if applicable) |                       |       |      |
| 3rd Booster<br>(if applicable) |                       |       |      |

Photo with Light Blue Background of size 4 x 3 cm may be pasted with gum

سٹیجیل ہرگز نہ کریں  
تصویر حاشیہ کے اندر لگائیں  
تصویر پر دستخط / مہر نہ لگائیں

**\*Attach NADRA issued Corona Vaccination certificate**

|  |                                |                                       |   |                                |
|--|--------------------------------|---------------------------------------|---|--------------------------------|
| <b>Applicant is fit for Hajj Journey</b> |                                | <b>Can perform Hajj with a Helper</b> | <b>Requires the Help of Wheel Chair</b> |                                |
|  | Seal & Signature of the Doctor |                                       |   | Seal & Signature of the Doctor |