Medical Examination Form

- 1. Please fill in the form in English language.
- **2**. Please write in CAPITAL LETTERS.
- **3**. This form has 4 sections. Section 1 (Part A and B) is to be filled by the Customer. Section 2, 3 and 4 is to be filled by the examining doctor from a Hospital Registered in Maldives.
- **4.** Hajjis must submit medical examinations conducted within 60 days prior to form submission to Maldives Hajj Corporation Limited.
 - (a) PLEASE USE CAPITAL LETTERS

SECTION 1 (To be completed by candidate) (PART A)

Full Name (as in National ID)

Pass	Passport No.																		
]					
Nati	National ID card No.																		

Nationality

Contact Number

SECTION 1

(PART B) - Please tick (\checkmark) in the relevant box

Declaration of self and family illness. Explain in full if you or your family has any of the following illnesses.

* Immediate family refers to father, mother, brothers / sisters

No	MEDICAL PROBLEMS	SE	LF	IMMED FAM		If "Yes" please state.
		Yes	No	Yes	No	
2	Fits, stroke, other neurological disease بوقع تجریش، سوچ تحرین تقریر، شرکوکو کریزی تقریری تقریرکوکو					
3	Diabetes Mellitus ترتيش هو					
	Hypertension بو درمتر مردشر					
5	Heart or vascular disease برقود بویتر تود هم موجود					
6	Asthma or any other long term respiratory disease					



	טוא 2000 באין ב באיקאים הביא באבריים יותפ קותקיות יותפיס בקב בהבקסיטוה באיפי טוופרייתבת			
	או אי אי ג' ג' אי ג'			
8	Kidney disease برځ سرځ که و			
	Cancer ئانترىسەتىر ھۆر			
	History of surgery توجود تاروزه ترجر شرین مرجود			
	Other illnesses در سورش کلوچک			
Curr	ent medication (Long term)	1		ד דם אין אין אין אין אין דער דער גער גער אין אין דער גער גער גער גער גער גער גער גער גער ג

I hereby certify that the information provided above is true and accurate. I acknowledge that providing false information may result in me being deemed unfit to travel.

Date

Signature of Customer

SECTION 2 - PHYSICAL EXAMINATION

То	be	fill	ed	by	examining	doctor
10	0C	1.111	сu	Ny.	CAUTININ	uoctor

1. BASIC MEASUREMENT								
Temperature:		Blood p	Blood pressure (mmHg):					
Pulse rate: (/ min)		SPO2:	SPO2:					
2. GENERAL EXAMINATION		i						
Pallor Cyanosis	Jauno	dice	Oedema					
3. SYSTEMIC EXAMINATION								
ITEM	NORMAL	ABNORMAL	COMMENT					
e. Cardiovascular system								
f. Respiratory System								
g. Abdomen / hernia Orifices								
h.Nervous System								
Other systems (Please state the system which is abnormal in the comments with details)								

SECTION 3 - INVESTIGATIONS



URINE Analysis	Date Taken							
ITEM	Norma	al/abnormal	al (if abnormal write the abnormal value)					
Urine RE								
BLOOD TEST	Date Taken		Ļ					
Hemoglobin/HCT:	TLC:	Neutrop	ohil %:	Platelet:				
Na/K:	Creat:	P ⁻	T/INR:	AST	/ALT:			
Others:								
CHEST X-RAY and ECG INFO	RMATION	Normal	Abnormal	Comment				
Chest X-ray:								
ECG								
SECTION 4 - CERTIFICATION	BY THE EXAN	/INING DOCTOR						
Please tick (\checkmark) in the releva	nt box							
I certify that I have on this d	ate		ex	amined				
			ID N	0	·			
and found him / her :-								
The above na	amed Patier	nt is fit to travel						
The above nam travel. (Write d	-	equires further	investigation or	follow-up to c	letermine their fitness to			
The above na	amed Patier	nt require wheel	lchair.					
Date:			Signature of Do	ctor	:			
		Name of	f Doctor (with Qua	alification)	:			
		Re	gistration Numbe	-	:			
		Na	ame of the Hospita	al:	:			
			Official stamp		:			

