



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



अल्पसंख्यक कार्य मंत्रालय  
MINISTRY OF  
MINORITY  
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# GOVERNMENT OF INDIA

Ministry of Health & Family Welfare

&

Ministry of Minority Affairs



## HEALTH CARD FOR HAJ PILGRIMS 2026

## Instructions for Pilgrims

- 1) Always carry this booklet.
- 2) Please keep a record of all your medicines in this booklet.
- 3) Carry sufficient amount of medicines, especially for conditions requiring regular medication use, such as hypertension (raised blood pressure), diabetes, asthma, heart, kidney and lung diseases. Please carry valid prescription for the same.
- 4) Follow and abide by the diet as prescribed by your doctor.
- 5) Drink adequate amount of Zam Zam water, fluids and keep ORS/ Glucose powder etc. to prevent heat related illness.
- 6) Avoid undue prolonged exposure to direct sunlight.
- 7) Take enough rest & sleep well to avoid excessive physical exhaustion.
- 8) Wear regular face masks when in crowded places.
- 9) Maintain safe distance from sick people and avoid sharing their personal belongings.
- 10) Wash hands especially before & after eating and after going to the toilet.
- 11) Eat only properly washed fresh fruits and vegetables.
- 12) Store food at safe temperatures. Remember that storing cooked food for more than two hours in the room/bus temperature may spoil the food leading to food poisoning.
- 13) Avoid drinking raw/ unpasteurized milk or eating raw meat that have not been thoroughly cooked.
- 14) Diabetic patients are recommended to wear comfortable shoes, monitor blood glucose regularly and watch for any glucose level reduction symptoms, such as shaking, giddiness along with fatigue and exhaustion, sudden feeling of hunger, excessive sweating or blurring of eyes. Keep your anti-diabetic drugs specially insulin cool during travel by storing it in refrigerator or ice packs.
- 15) All diabetic & hypertensive patients may bring their own glucometers & self-monitoring BP apparatus.

- 16) Chronic arthritis patients are suggested to bring their own joint stabilizers like crepe bandages, knee cap, etc.
- 17) Pilgrims with pre-existing heart /high blood pressure-related health issues should avoid excessive physical stress.
- 18) Asthmatic patients should use a (inhaler) bronchodilator before making any physical effort or in case of symptoms of an asthmatic attack and report to the nearest health facility or hospital. They are suggested to bring their own nebulizers/ inhalers.
- 19) Those Pilgrims who wear eye glasses should carry one extra set with them during their journey.
- 20) Do not drink cold water to avoid cough/respiratory infection.
- 21) Wash/sprinkle your face with water to keep yourself cool.
- 22) In case of any health-related issue please consult Doctors in the Indian Hospitals/dispensaries in Makkah/Madinah/J eddah/Arafat or Saudi hospitals. Treatment in any of the health facilities is free of cost.



## HEALTH CARD

Pilgrims should always Keep this booklet in their possession till their return from Haj journey.

COVER NUMBER:

PASSPORT NUMBER:

NAME:

GUARDIAN/ACCOMPANYING  
PERSONS'S NAME

AGE:

GENDER:

BLOOD GROUP:

MARITAL STATUS:

CONTACT NUMBER:

ADDRESS OF CORRESPONDENCE:

EMERGENCY CONTACT DETAILS  
(NAME & NUMBER):

PHOTOGRAPH

QR CODE

AUTHORIZED SIGNATORY



## MEDICAL SCREENING FORM

- Note: 1) To be filled by a Registered Government Medical Officer – Allopathic, AFTER reading the Pilgrim 'Fitness Criteria' in Part II)
- 2) Only laboratory and radiological investigations conducted in government healthcare facilities shall be considered valid.)

### Part I: Medical History & Examination of Pilgrim

#### A. Current Medications

Is the pilgrim currently on any regular prescription medication? Yes ☐ / No ☐

If Yes, list all medications, dosages, and indications (reason for use):

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

#### B. Detailed System wise Examination

(Tick ✓ Yes or No for each. If Yes, provide details in the space provided.)

##### 1. Nervous System

###### 1.1 History of Loss of Consciousness/Seizures?

Yes ☐ / No ☐

Condition: \_\_\_\_\_

Last Episode (Date): \_\_\_\_\_

Current Treatment/Treatment Status: \_\_\_\_\_

###### 1.2 History of Stroke/Paralysis?

Yes ☐ / No ☐

Deficits (e.g., limb weakness, speech): \_\_\_\_\_

Date of Onset: \_\_\_\_\_

Current Treatment/Rehabilitation Status: \_\_\_\_\_

##### 2. Cardiovascular System

###### 2.1 Known Heart Disease? (e.g., CAD, CHF, Arrhythmia)

Yes ☐ / No ☐

Condition: \_\_\_\_\_

Date of Diagnosis: \_\_\_\_\_

Current Treatment: \_\_\_\_\_



2.2 Previous MI/Surgery?

Yes ☐ / No ☐

If yes, specify (e.g., Angioplasty done in 2025): \_\_\_\_\_

2.3 Hypertension?

Yes ☐ / No ☐

Date of Diagnosis: \_\_\_\_\_ Today's BP: \_\_\_\_\_ mm Hg

Current Treatment: \_\_\_\_\_

Classification: ☐ Normal ☐ Elevated ☐ Accelerated ☐ Malignant ☐ Hypotensive

### 3. Metabolic & Endocrine

3.1 Diabetes Mellitus? \_\_\_\_\_ Yes ☐ / No ☐

Date of Diagnosis \_\_\_\_\_

Current Treatment (Oral/Insulin): \_\_\_\_\_

Recent HbA1c/RBS: \_\_\_\_\_ mg/dL Controlled? ☐ Yes ☐ No

### 4. Other Major Systems

4.1 Chronic Kidney Disease? \_\_\_\_\_ Yes ☐ / No ☐

Stage/Condition: \_\_\_\_\_

Date of Diagnosis \_\_\_\_\_ On Dialysis? ☐ Yes ☐ No

Current Treatment: \_\_\_\_\_

Has the pilgrim undergone kidney transplantation? ☐ Yes ☐ No

If Yes, please specify current status: \_\_\_\_\_

KFT result (mandatory if on dialysis or post-transplantation): \_\_\_\_\_

4.2 Chronic Liver Disease? \_\_\_\_\_ Yes ☐ / No ☐

Condition (e.g., Cirrhosis, Hepatitis): \_\_\_\_\_

Date of Diagnosis: \_\_\_\_\_

Current Treatment: \_\_\_\_\_

4.3 Chronic Lung Disease? (e.g., Asthma, COPD) \_\_\_\_\_ Yes ☐ / No ☐

Condition: \_\_\_\_\_

On Oxygen Therapy? \_\_\_\_\_

Current Treatment: \_\_\_\_\_



### 4.4 Active or History of Cancer?

Yes ☐ / No ☐

Type of Cancer: \_\_\_\_\_

Date of Diagnosis: \_\_\_\_\_

Current Treatment Status (e.g., in remission, on chemo): \_\_\_\_\_

4.5 Active Tuberculosis (TB)? \_\_\_\_\_ Yes ☐ / No ☐

Previous TB? \_\_\_\_\_ Yes ☐ / No ☐

Current Treatment Status (Ongoing/Cured): \_\_\_\_\_

X-Ray Chest Result (if needed): \_\_\_\_\_

### 5. Infectious Diseases & Other

5.1 Known HIV/AIDS? \_\_\_\_\_ Yes ☐ / No ☐

Current Treatment Status: \_\_\_\_\_

5.2 Significant Skin Disease? \_\_\_\_\_ Yes ☐ / No ☐  
(infectious or disabling)

Condition: \_\_\_\_\_

Current Treatment: \_\_\_\_\_

5.3 Asthma: \_\_\_\_\_ Yes ☐ / No ☐

5.4 Allergy: \_\_\_\_\_ Yes ☐ / No ☐

Condition: \_\_\_\_\_

5.5 Any other illness/condition \_\_\_\_\_

### 6. Surgical History

6.1 Major Surgery in the past 3 months \_\_\_\_\_ Yes ☐ / No ☐

Procedure & Reason: \_\_\_\_\_

Date of Surgery: \_\_\_\_\_

Current Recovery Status: \_\_\_\_\_

### 7. Mental & Behavioral Health

7.1 Any known Mental Health Disorder? \_\_\_\_\_ Yes ☐ / No ☐

Diagnosis: \_\_\_\_\_

Date of Diagnosis: \_\_\_\_\_

Current Treatment Status (Ongoing/Cured/Stable): \_\_\_\_\_

Clinical Observation during screening  
(Note behavior, mood, thought process)



### 8. Functional Status (Critical for Haj)

8.1 Can the pilgrim walk independently without aid for at least 500 meters? Yes ☐ / No ☐

8.2 Is the pilgrim fully independent in personal care (dressing, bathing, toileting)? Yes ☐ / No ☐

### 8.3 For pilgrims aged 60 and above:

8.3.1 Evidence of significant cognitive impairment or dementia? Yes ☐ / No ☐

### C. Specific for Female Pilgrims

1. Last Menstrual Period (LMP): \_\_\_\_\_

2. Is there a possibility of pregnancy? ☐ Yes ☐ No

3. If Yes, Urine Pregnancy Test / USG done? ☐ Yes ☐ No Date of USG test – \_\_\_\_\_

4. Gestational Age (if confirmed pregnant): \_\_\_\_\_ weeks

**Note: Pilgrims beyond 28 weeks gestation at the time of travel or with a high-risk pregnancy are not permitted to travel for Haj.**

### Part II: Fitness Criteria for Haj (Instructions for Medical Officer)

The pilgrim must be certified as "NOT FIT FOR HAJ" if ANY of the following conditions are present:

Category	Not Fit Criteria (Tick if Present)
1. Functional Status	<input type="checkbox"/> 1.1 Unable to walk independently or perform basic self-care. <input type="checkbox"/> 1.2 Significant cognitive impairment/dementia preventing independent functioning (e.g., disoriented to time/place).
2. Organ Failure	<input type="checkbox"/> 2.1 Advanced cardiac failure (symptoms at rest or on minimal exertion). <input type="checkbox"/> 2.2 Advanced respiratory failure requiring oxygen therapy. <input type="checkbox"/> 2.3 Advanced renal failure (on dialysis). <input type="checkbox"/> 2.4 Advanced liver failure (with ascites, jaundice, encephalopathy).
3. Infectious Disease	<input type="checkbox"/> 3.1 Active Pulmonary Tuberculosis (until proven non-infectious). <input type="checkbox"/> 3.2 Any other active, contagious disease posing a public health risk in mass gathering event.
4. Unstable Conditions	<input type="checkbox"/> 4.1 Uncontrolled hypertension, diabetes, or asthma. <input type="checkbox"/> 4.2 Active cancer undergoing chemotherapy/radiotherapy. <input type="checkbox"/> 4.4 Recent major surgery (< 3 months) with incomplete recovery. <input type="checkbox"/> 4.5 Unstable psychiatric illness with risk of behavioral disturbance.



5. Pregnancy ☐ 5.1 Pregnancy beyond 28 weeks gestation at the time of travel  
☐ 5.2 High-risk pregnancy (e.g., placenta previa, pre-eclampsia) at any gestational age.

5. Age ☐ 6.1 Applicant below 12 years of age.

### Referral Protocol:

• Cases of doubt or borderline fitness must be referred to a higher medical authority/district/institute level medical board with all relevant investigations.

• **Please Note: Certification is a legal document. False or negligent certification constitutes professional misconduct and will invite disciplinary/legal action as per applicable laws.**

### Part III: Medical Officer's Certification

"I confirm that I have thoroughly examined the pilgrim named above based on the history provided and current clinical findings. I have read and understood the 'Fitness Criteria' in Part II. Based on this examination conducted on (Date) \_\_\_\_\_ and considering the documented medical history:

This pilgrim is found to be: (Strike out the option which is not applicable)

- ☐ **FIT TO UNDERTAKE THE HAJ JOURNEY.**  
☐ **NOT FIT TO UNDERTAKE THE HAJ JOURNEY**

If not fit, reason(s) for disqualification are as per Part II, criteria number(s): \_\_\_\_\_

Name of Government Medical Officer (Allopathic): \_\_\_\_\_

Medical Council/Commission Registration No.: \_\_\_\_\_

Hospital Name & Address: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Applicant

Signature of Applicant

Signature of Govt. Medical Officer with address and seal

Signature of Govt. Medical Officer with address and seal





VACCINATION CERTIFICATE OF MENINGITIS (ACYW135),  
COVID - 19, ORAL POLIO & SEASONAL INFLUENZA  
VACCINE

**Note: Pilgrim must be found FIT for the haj journey to receive vaccination**

Name of the Vaccine	Date of Vaccination	Manufacturer & Batch No. of the Vaccine
* Meningococcal meningitis (ACYW135)		

Note: Note more than three years and not less than ten days, before the date of departure from India.

## COVID – 19 VACCINE

Name: .....

Date: .....

1 <sup>st</sup> Dose		
2 <sup>nd</sup> Dose		
Beneficiary Reference ID		

** ORAL POLIO			
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\*\* Note: Six weeks before the date of departure from India, irrespective of the age of the pilgrim.

*** SEASONAL INFLUENZA			
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\*\* Note: Two weeks before the date of departure from India, particularly for persons more susceptible to complications of disease, like old aged people and those suffering from chronic respiratory diseases, diabetes, liver and kidney failure.



## TRAINING CARD

- 1) Did you attend orientation training: Yes ☐ / No ☐  
2) If yes, give details:

Sr No	Date	Place	Training conducted by
1			
2			
3			

- 3) If not attended give reason: \_\_\_\_\_

\_\_\_\_\_

Signature/Thumb  
Impression of Applicant



COVER NO.

OPD CARD

DATE:

PRESENT HISTORY:



COVER NO.

OPD CARD

DATE:

PRESENT HISTORY:



COVER NO.

OPD CARD

DATE:

PRESENT HISTORY:



COVER NO.

OPD CARD

DATE:

PRESENT HISTORY: