

# Name of Health Institute

## **MEDICAL FITNESS CERTIFICATE** (ONLY FOR NEPALESE HAJJ PILGRIM-2026)

Recent  
Photo

Name: ..... Gender: ..... Age: .....

Date of Birth (A.D.) ..... Blood group: ..... Passport no/Citizenship no: .....

Marital Status: ..... Address (Full): .....

### **VITALS SIGNS:**

Blood Pressure		<i>mmhg</i>	Pulse Rate		<i>beats/Min</i>
Respiratory Rate		<i>/Min</i>	Spo2		%

### **Major Organ Failures**

Yes / No

Kidney Failure requiring dialysis	
Heart Failure with minimal physical exertion	
Chronic Lung Diseases requiring intermittent or continuous oxygen use	
Advanced Liver Cirrhosis with signs of liver failure	

### **Neurological and Psychiatric Illnesses:**

Severe conditions that impair cognition or are accompanied by motor disabilities	
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### **Aging-Related Conditions:**

Advance Senile Dementia	
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### **Pregnancy Considerations:**

Pregnancy in the last Trimester	
High-Risk Pregnancy at any stages	

### **Infectious Diseases:**

Active diseases that pose a public health risk, such as: <ul style="list-style-type: none"><li>➤ Open Pulmonary Tuberculosis</li><li>➤ Hemorrhagic Fevers</li></ul>	
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### **Cancer Patients:**

Patients with active cancer who are receiving chemotherapy or similar medications and procedure that severely suppress the immune system.	
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**Diagnosis:**

**Remarks:**

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**Attending Physician**  
Name:  
Designation:  
NMC No.:

.....  
**Medical Hajj Mission Officer**  
**Nepal Hajj Committee**  
Name :