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Government of the People's Republic of Bangladesh
Office of the-----

Passport
Size Photo



Medical Report for Hajj Pilgrims

Sl. No-----Date-----

1. Passport no: Mobile no: Pilgrims I.D.

2. Name: Age: Sex:

3. Father's/Husband's Name:

4. Mother's Name:

5. Address House no-----Road no-----

Village/Mohalla-----Post-----

Thana/Upazilla-----District-----

6. Medical Examination Report:
Physical Examination

- (a) Pulse Rate-----/minutes
- (b) Temperature-----F
- (c) Blood Pressure-----mm of Hg
- (d) Heart Disease:
- (e) Lung Disease:
- (f) Liver Disease:
- (g) Kidney Disease:
- (h) Anemia:
- (i) Jaundice:

- (j) Vision
- (K) Hearing: Normal/Impair
- (l) Hydrocoele: Present/absent
- (m) Hernia: Present/absent
- (n) Contagious Disease if any-----
- (o) Mental Disease:
- (p) Weight:
- (q) Any other abnormality/Disability

7. Lab Investigation:

- (a) Urine: (c) Blood Sugar (R.B.S)
- (i) Sugar----- (d) ECG
- (ii) Albumin----- (e) X-Ray Chest
- (b) Blood Group:

8. Comments: Medically Fit/Unfit

9. Signature of the Pilgrim:

10. Vaccination Status:

- (i) Meningitis Yes -No
- (ii) Influenza Yes -No

Medical Board

1.Member
(seal with name)

2.Member
(seal with name)

3.Member
(seal with name)