

## **Health Certification Form**

This form certifies the health condition of the person who intends to undertake Hajj travel and pilgrimage rituals.

National ID card No.  Nationality  Contact Number  Address:  Gender:  SECTION 2 - CERTIFICATION BY THE EXAMINING DOCTOR  Does the patient suffer from life-threating medical conditions? If yes, please specify details.	Patient Details																											
Nationality Contact Number  Address: Gender:  SECTION 2 - CERTIFICATION BY THE EXAMINING DOCTOR  Does the patient suffer from life-threating medical conditions? If yes, please specify details.  Yes No Signature of Doctor :  Name of Doctor :  Hospital Name :  Dr.'s Registration Number :	Full Name (as in National ID)																											
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