Health Certification Form

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

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