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MALDIVES HAJJ CORPORATION LIMITED

Health Certification Form

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

Patient Details

Full Name (as in National ID)

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.

Yes ☐ No ☐

Date: _____

Signature of Doctor : _____

Name of Doctor : Hospital Name : _____

Dr.'s Registration Number : _____

Official stamp : _____