পরিশিষ্ট-ক Government of the People's Republic of Bangladesh **Passport** Size Photo Office of the-----Medical Report for Hajj Pilgrims Sl. No------Date-----1. Passport no: Mobile no: Pilgrims I.D. 2. Name: Sex: Age: 3. Father's/Husband's Name: 4. Mother's Name: 5. Address: House no------Road no-----Road no------Village/Mohalla-----Post-----Post-----Thana/Upazilla----- District----- District-----6. Medical Examination Report: **Physical Examination:** (a) Pulse Rate----/minutes (j) Vision: (b) Temperature----F (k) Hearing: Normal/Impair (c) Blood Pressure----mm of Hg (l) Hydrocele: Present/absent (d) Heart Disease: (m) Hernia: Present/absent (e) Lung Disease: (n) Contagious Disease: if any-----(f) Liver Disease: (o) Mental Disease: (g) Kidney Disease: (p) Weight: (h) Anemia: (g) Any other abnormality/Disability: (i) Jaundice: 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 No Yes (ii) Influenza Yes No

Medical Board

1. Member (seal with name)

2. Member (seal with name)

3. Member (seal with name)