Hajj Medical Checkup Form

Hospital/Facility Memo Number: ..... Date: .....

Patient Name:		**Patient NID:**	
Service Provider:			
Medical Package:			

Vitals:			
Weight:	Height:	BP:	SPO2:
BMI:		Pulse:	Temp:

Past medical history (Past medications, surgeries, mental / psychological history):

.....

.....

.....

Admission in past 12 months:

☐ Yes ☐ No Reason/Specify .....

.....

Physical Examination Findings:

.....

.....

Vision Examination:

Normal: ☐ Yes ☐ No

Oral Examination:

Ulcers: ☐ Yes ☐ No

White patch / Discoloration: ☐ Yes ☐ No

Multiple Caries: ☐ Yes ☐ No

Hajj Medical Checkup Form

Breast Examination (Only Female):

.....

.....

.....

Code	Service Name	Findings (please tick ✓)		
		Normal	Border Line	Abnormal
L0118	Complete Hemogram (Hb,TC,DC,PLT,RBC,INDICES)			
L0088	CRP (Quantitative)			
L0007	Erythrocyte Sedimentation Rate (ESR)			
L0148	Liver Profile			
L0248	Renal Profile			
L0055	Serum Sodium (Na+)			
L0056	Serum Potassium (K+)			
L0115	Lipid Profile			
L0231	Thyroid Profile			
L0180	Cardiac Profile			
L0028	Fasting Blood Sugar (FBS)			
L0210	Post Prandial Blood Sugar			
L0103	Glycosylate Haemoglobin (HbA1C)			
L0023	Urine analysis			
XR015	Chest (PA)			
IL0001	Ecg-12 Leads Only			

Hajj Medical Checkup Form

Recommendations:	Exercise / Be Physically Active ☐ Diet Modification ☐ Get Adequate Sleep ☐ Maintain Healthy Body Weight ☐ Avoid Smoking ☐ Maintain Mental Wellness ☐ Others (Please specify in additional remarks) ☐ ....
Referred To:	
Additional Remarks:	....

Medical Officer:		
Name:	Signature:	Service Provider Stamp:
Registration Number:		