Hajj Medical Checkup Form

Reset 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

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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	☐	☐	☐

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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:		