

Medical Clearance for Pilgrimage

Personal Information

Full Name

Date of Birth

Gender

Passport/ID Number

Contact Number

Address

Medical History

Chronic Illnesses

Allergies

Current Medications

Past Surgeries

Other Relevant Information

Doctor's Assessment

Physical Examination Findings

Are there any medical conditions that may affect this individual's ability to perform pilgrimage?

Recommendations/Restrictions

Physician Details

Physician Name

License Number

Contact Information

Date

Signature