

Pilgrimage Health Declaration Form

Full Name

Passport/ID Number

Date of Birth

Gender

Phone

Email

Address

Medical Information

Any chronic diseases (e.g. diabetes, hypertension)

Allergies

Current Medications

History of fever, cough, or respiratory symptoms in last 14 days?

Have you received all required vaccinations?

Other Health Information (optional)

Declaration

☐ I hereby declare that the information provided is true and correct to the best of my knowledge.