

Step 1

Pilgrim Details

About You

Pilgrim details should be entered as in their passport.

Mahram Details

Female or Child Applicants Only

GP Practice Details

Please provide details of your GP Practice.

Emergency Contact

In case of an emergency, please appoint a relative or friend who we may contact

Title	<input type="text"/>	D.O.B	<input type="text"/>
Full Name	<input type="text"/>		
Mahram Name	<input type="text"/>	Relation	<input type="text"/>
GP Name	<input type="text"/>		
GP Address	<input type="text"/>		
GP Post Code	<input type="text"/>	GP Tel	<input type="text"/>
Full Name	<input type="text"/>		
Mobile	<input type="text"/>	Home Tel	<input type="text"/>

Step 2

Medical History

Medical History (Past / Current)

It's important that we know what may affect your Hajj / Umrah experience and how we can ensure you have a worry free journey.

	Y	N		Y	N
Illness requiring medical attention in the past year?	<input type="checkbox"/>	<input type="checkbox"/>	Haematological or blood disorders?	<input type="checkbox"/>	<input type="checkbox"/>
Are you under observation by a doctor for any problem?	<input type="checkbox"/>	<input type="checkbox"/>	Physical disability or other disability?	<input type="checkbox"/>	<input type="checkbox"/>
Are you taking any prescribed Medicines?	<input type="checkbox"/>	<input type="checkbox"/>	Thyroid or Endocrine problems, Digestive or bowel disorders?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had any chest pains, dizziness, shortness of breath?	<input type="checkbox"/>	<input type="checkbox"/>	Allergies? (Hay fever, dietary, chemicals, drugs etc)	<input type="checkbox"/>	<input type="checkbox"/>
Do you suffer from Diabetes?	<input type="checkbox"/>	<input type="checkbox"/>	Are you pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
Heart murmur or irregular or extra heart beats?	<input type="checkbox"/>	<input type="checkbox"/>	Do you suffer from sleep apnea?	<input type="checkbox"/>	<input type="checkbox"/>
Raised blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	Any surgery in the last 2 years?	<input type="checkbox"/>	<input type="checkbox"/>
Do you suffer from Bronchitis, asthma or other chest condition?	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy and/or fainting attacks?	<input type="checkbox"/>	<input type="checkbox"/>
Joint or back injuries/problems?	<input type="checkbox"/>	<input type="checkbox"/>	Previous Stroke?	<input type="checkbox"/>	<input type="checkbox"/>

Regular Medication

Please list your current medication & attach the right side of your repeat prescription.

If you have a medical condition NOT mentioned above, please provide details in the section labeled Other Medical Conditons

Current Medication <input type="text"/>	Other Medical Conditons <input type="text"/>
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Step 4

Medical Declaration

DISCLAIMER!

All passengers MUST be responsible for supplying their own medication and ensuring that they have sufficient quantity to cover the full duration of their stay in KSA. You will need at least three weeks supply or enough to cover the duration of your chosen Hajj.

- This information will be used only for medical purposes by the group doctor and will not apply to the airlines or hotels, unless requested. Please be advised that Arif Hajj & Umrah Services cannot be held responsible for any medication that may be lost, mislaid or forgotten during the course of your trip.
- I have read and fully understood the need for this information and have answered the questions as thoroughly and accurately as I am able. I accept full responsibility if I have not disclosed OR if I have chosen to withhold information about any medical condition.
- I accept that Arif Hajj & Umrah Services cannot be held responsible for any information that has been withheld regarding any past or current medical condition.

Signature	<input type="text"/>	Date	<input type="text"/>
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The completion of this form is a part of the Visa Application Process, on the request of The Royal Embassy of Saudi Arabia who require information about countries visited by applicants before applying for the Hajj visa. The applicant must answer all the following questions.

Section A

At Point of Booking

Have you visited any of the countries listed below since 01 January 2020, or any countries which have been affected the Coronavirus (COVID-19). *(If so, please list the Country Name, Entry & Exit date in the table provided below)*

Yes (If so, please specify below) No

Republic of China Hong Kong South Korea Thailand Macau

Malaysia Taiwan Japan Singapore **Other** _____

Country Visited	Date of Entry	Date of Exit

Section B

At Point of Visa Application

Please list all countries you intend to visit 14 days before submitting the request for visa to perform Hajj in the Kingdom Saudi Arabia (giving dates of departure from those countries). **Please Note:** A PCR Medical Certificate maybe requested.

Country Visited	Date of Entry	Date of Exit

Section C

Declaration & Signature

By signing below, I agree that the information I have provided above, is factual and I understand that by withholding any requested information, can affect my Visa Application and may result in visa refusal, I also acknowledge that by providing false information I maybe liable to prosecution.

I confirm that I will not be visiting any countries or areas, highly infected by Coronavirus (COVID-19) 1 month before my departure flight to Hajj.

I give permission to Arif Hajj & Umrah Services Ltd to share my medical information with any authority who request this information as part of the Visa Application Process.

Print Name

Date

Signature