

Labbaik Travel and Excursions

Hajj Medical Screening Questionnaire



Name D.O.B Tel

Address

GP Name GP Tel

GP Address

Emergency Contact Information

Name

Relationship Tel

Medical History (Past / Current)

Please tick either yes or no

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

If you have a medical condition NOT mentioned above please provide details

Current Medication (Please list your current medication and attach the right side of your repeat prescription)

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Allergies (Please list any food or drug allergies)

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 Labbaik Ltd 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 Labbaik Ltd cannot be held responsible for any information that has been withheld regarding any past or current medical condition.

I understand that the doctor(s) accompanying the Labbaik Ltd Hajj group are there only in an advisory capacity but may assist in primary care in case of emergency.

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.

Signature Date