

# HAJJ MABRUR VENTURES LIMITED

1, Thanni Olodo Street, Jibowu, Lagos.

## PILGRIMS' MEDICAL ASSESSMENT FORM

Patient Name:

Age:

Referred By:

Sex:

Registration Code:

Lab No:

Reporting Date/Time:

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Blood Group:

Genotype:

Packed Cell Volume (PCV):

Peculiar Illness - Yes or No:

**If yes, State the illness**

If female and married, are you pregnant - Yes or No?

**If yes, how many weeks?**

**Comments on Medical Fitness:** .....

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**Doctor's Signature & Date**