SHIFA AL-JUBAIL MEDICAL CENTER CO.
C.R. 205500612

شركة مجمع عيادات شفاء الجبيل الطبي
س.ت. ٢٠٥٥٠٠٦٦١٢




# SAUDI ARAMCO / CONTRACTOR MEDICAL EXAMINATION
# OPERATOR HEAVY EQUIPMENT OPERATOR RIGGER & SCAFFOLDING
# WORK PERMIT RECEIVER PHYSICIAN'S EXAMINATION FORM

[UPON COMPLETING FORM, PHYSICIAN SHALL SIGN IN THE BOX
AT THE BOTTOM & VERIFY SIGNATURE WITH HIS PERSONAL STAMPL AND HIS FACILITY STAMP]

**EMPLOYEE NAME : Muhammad Arif Arshad Muhammad Arshad**
**محمد عريف أرشد محمد أرشد**

**SAUDI BADAGE NO. : 2622103246**
**DATE : 13-05-2026 04:50 PM**

| | NORMAL | ABNORMAL |
|---|---|---|
| **VISION :** | | |
| 1. The vision shall not be less than 20/40 in each eye separately with or without the use of eye glasses or contact lenses. | ■ | ☐ |
| 2. Color vision and visual fields should be normal. | ■ | ☐ |
| 3. Diplopia is UNACCEPTABLE. | ■ | ☐ |
| **HEARING :** | | |
| 4. Hearing shall be adequate for normal speech communication with of without a hearing aid. | ■ | ☐ |
| **POTENTIAL SUDDEN INCAPACITY :** | | |
| 5. Any condition likely to cause sudden incapacity in UNACCEPTABLE. This includes, but not limited to, a history of seizures after the age of 5 years, vestibular disorders, heart disease and diabetes mellitus. | ■ | ☐ |
| **MISCELLANEOUS - The Following Must Be Considered :** | | |
| 6. Impairment of musculo-skeletal capacities. | ■ | ☐ |
| 7. Co-Ordination and progressive or disabling neurlogical disease. | ■ | ☐ |
| 8. Ahistory of Psychiatric illness or emotional instability. | ■ | ☐ |
| 9. Substance abuse. | ■ | ☐ |
| 10. Medication and it's side effects. | ■ | ☐ |
| **FIT to WORK ?** | | |
| 4. Hearing shall be adequate for normal speech communication with of without a hearing aid. | ■ YES | ☐ NO |

**Blood Group : B +ve**

**Dr. HIRA IMMAD**
**General Physician**
**SHIFA AL JUBAIL**

**Physician 's Signature**

**Facility Name**

د/ شريف حبيب
DR. SHERIF HABIB
Medical Director

**Facility Location (City)**
**JUBAIL**

Shifa Al Jubail Medical Center Co.
Jubail - Kingdom of Saudi Arabia

**Facility Telephone**
**013-3611777**

هذا تقرير صادر إلكترونيًا، لا حاجة للتوقيع أو الختم. للتحقق، يرجى مسح رمز الاستجابة السريعة (QR).
This is Electronic Generated Report, no need for signature or stamp. For verification check QR-Code

تقرير اللياقة البدنية صالح لمدة ٣ أشهر فقط من تاريخ الفحص، وفقاً لقواعد المجلس الصحي.
Fitness Medical Report is Valid For 3 Months Only From Date of Examine, According to Rules of Health Concil.