



12 JULY 2026

**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 STAMP AND HIS FACILITY STAMP]

EMPLOYEE NAME : Farid Ullah Rahman Ullah
فريد الله رحمن الله

SAUDI BADAGE NO. : 2635254879
DATE : 12-07-2026 03:01 AM

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.

NORMAL ABNORMAL

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HEARING :

4. Hearing shall be adequate for normal speech communication with or without a hearing aid.

NORMAL ABNORMAL

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POTENTIAL SUDDEN INCAPACITY :

5. Any condition likely to cause sudden incapacity is UNACCEPTABLE. This includes, but not limited to, a history of seizures after the age of 5 years, vestibular disorders, heart disease and diabetes mellitus.

NORMAL ABNORMAL

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MISCELLANEOUS - The Following Must Be Considered :

6. Impairment of musculo-skeletal capacities.
7. Co-Ordination and progressive or disabling neurological disease.
8. A history of Psychiatric illness or emotional instability.
9. Substance abuse.
10. Medication and its side effects.

NORMAL ABNORMAL

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FIT TO WORK ?

4. Hearing shall be adequate for normal speech communication with or without a hearing aid.

NORMAL ABNORMAL

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YES NO

Blood Group : B +ve

Dr. HIRA IMMAD
General Physician
SHIFA AL JUBAIL

Physician's Signature

Facility Name

Facility Location (City)
JUBAIL



Facility Telephone
013-363777

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 Council.

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