



**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 : ALI RAZA DIL KHURRAM SHAHZAD
علي رازا ديل كارام شهزاد

SAUDI BADAGE NO. : 2590784001

DATE : 05/01/2025

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 or without a hearing aid.

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.

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 it's side effects.

FIT to WORK ?

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

Blood Group : A +ve

Dr. HIRA IMMAD

General Physician

SHIFA AL JUBAIL

Facility Name

د / شريف حبيب
DR. HIRA IMMAD
General Physician
الترخيص رقم : 1146841/9/3

**Facility Location (City)
JUBAIL**

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

NORMAL ABNORMAL



NORMAL ABNORMAL



NORMAL ABNORMAL



NORMAL ABNORMAL



NORMAL ABNORMAL



YES NO

Physician's Signature

SHIFA AL JUBAIL
C.R. 2055006612
MEDICAL FITNESS

Facility Telephone

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DR. SHERIE HABIB
Medical Director