

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 : SARFRAZ ALI MUHAMMAD HUSSAIN
سارفراز علي محمد حسين

SAUDI BADAGE NO. : 2530417183
DATE : 15-10-2025 09:47 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 : O +ve

Dr. HIRA IMMAD
General Physician
SHIFA AL JUBAIL

Physician 's Signature

Facility Name

Facility Location (City)
JUBAIL

Facility Telephone
013-3611777

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.