



**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 :** Zia Uddin Badshah Rahim  
ضياء الدين بادشاه رحيم

**SAUDI BADAGE NO. :** 2602398352  
**DATE :** 25-11-2025 **04:19 PM**

**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**

|                                     |                          |
|-------------------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |

**HEARING :**

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

**NORMAL ABNORMAL**

|                                     |                          |
|-------------------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|-------------------------------------|--------------------------|

**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.

**NORMAL ABNORMAL**

|                                     |                          |
|-------------------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|-------------------------------------|--------------------------|

**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**

|                                     |                          |
|-------------------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |

**FIT to WORK ?**

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

**NORMAL ABNORMAL**

|                                     |                          |
|-------------------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>YES</b>                          | <b>NO</b>                |

**Blood Group :** B +ve

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

**Physician's Signature**

**Facility Name**

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



*Signature of Dr. Hira Immad*

**Facility Telephone**  
**013-363777**

*Signature of Dr. Sherif Habib*

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.