



### 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 : Nadeem Sarwar Muhammad Bakhsh

نديم سرور محمد بخش

SAUDI BADAGE NO. : 2620488888

DATE : 205-02-2026 05:06 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

NORMAL ABNORMAL

#### HEARING :

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

NORMAL ABNORMAL

#### 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

NORMAL ABNORMAL

YES NO

#### 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 : AB +ve

Dr. HIRA IMMAD

General Physician

SHIFA AL JUBAIL

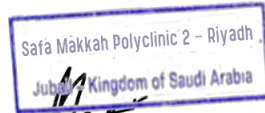
Physician's Signature

Facility Telephone  
013-361777

Facility Name



Facility Location (City)  
JUBAIL



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 Concl.

س.ت ٣٧٢-٣٠٥٠٣ - ترخيص رقم : ٣٨/١٠٠٥١

Email: safamedicalcenter@gmail.com / safedammam@yahoo.com

تليفون : ١٣ / ١٠١٦-٨٣٤ / ١٠١٦-٨٣٥ / ١٠١٦-٨٣٤ - فاكس : ٧٧٩٦-٨٣٤ - صندوق بريد ٧٨٧١ - الدمام ٢١٤٧٢ - الأمير محمد - حي السوق - المملكة العربية السعودية

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