



**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 : Abdul Rauf Muhammad Ayoub
عبد ال رؤوف محمد أيوب

SAUDI BADAGE NO. : 2621844816
DATE : 13-05-2026 05:02 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 of without a hearing aid.

NORMAL ABNORMAL

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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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"/>
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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. Ahistory of Psychiatric illness or emotional instability.
9. Substance abuse.
10. Medication and it's 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 of without a hearing aid.

NORMAL ABNORMAL

<input checked="" type="checkbox"/>	<input type="checkbox"/>
YES	NO

Blood Group : A +ve

Dr. HIRA IMMAD
General Physician
SHIFA AL JUBAIL

Physician's Signature

Facility Name

Facility Location (City)
JUBAIL



Handwritten signature of Dr. Hira Immad.

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.

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