



FIT FOR WORK

**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 : Zain Ali Muhammad Aslam

زين علي اسلم محمد

SAUDI BADAGE NO. : 2588582136

DATE : 23-05-2026 03:41 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

 
 
 
**HEARING :**

4. Hearing shall be adequate for normal speech communication with of 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

 
**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.

NORMAL ABNORMAL

 
 
 
 
 
**FIT to WORK ?**

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

NORMAL ABNORMAL

 
 

Blood Group : O +ve

Dr. HIRA IMMAD

General Physician

SHIFA AL JUBAIL

Physician's Signature

Facility Name

Facility Location (City)  
Riyadh - BhattaFacility Telephone  
011-2270667

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.