



Fitness Medical  
اللياقة الطبية



**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 : Izhar Ullah Jaman Ullah  
اظهار الله جمان الله

SAUDI BADAGE NO. : 2576545152  
DATE : 16-06-2026 06:13 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"/>
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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. A history 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 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



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