



**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 : Shariq Ali Muhammad Iqbal
شارق علي محمد اقبال

SAUDI BADAGE NO. : 2635605286
DATE : 18-06-2025 02:18 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"/> |
|-------------------------------------|--------------------------|

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 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)

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.