



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 STAMPL AND HIS FACILITY STAMP]



EMPLOYEE NAME : **Muhammad Asif Zahoor Ahmad**
محمد آصف ظهور احمد

SAUDI BADAGE NO. : 2418524118
DATE : 22-06-2026 07:42 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. Ahistory 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

YES NO

Blood Group : B +ve

Dr. HIRA IMMAD
General Physician
SHIFA AL JUBAIL

Physician's Signature

Hira Immad
SHIFA AL-JUBAIL MEDICAL CENTER CO.
اللياقة الطبية
س.ت. ٢٠٥٥٠٠٦١٢
C.R. 205500612
FITNESS
Facility Telephone
013-361777

Facility Name

Facility Location (City)

JUBAIL

د/ شريف حبيب
DR. SHERIF HABIB
Medical Director
الترخيص رقم: 224881/2021

Shifa Al Jubail
Shifa Al Jubail Medical Center Co.
Jubail - Kingdom of Saudi Arabia

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