



**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 : KHURRAM ANWAR MUHAMMAD ANWAR
خورام أنور محمد أنور

SAUDI BADAGE NO. : 2604741534
DATE : 16-09-2025 02:56 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"/>
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Blood Group : B +ve

Dr. HIRA IMMAD
General Physician
SHIFA AL JUBAIL

Physician's Signature

Facility Name

د/ شريف حبيب
DR. SHERIF HABIB
Medical Director
الترخيص رقم: 2248831/911

Facility Location (City)
JUBAIL

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

SHIFA AL-JUBAIL MEDICAL CENTER
شفا الجبل الطبي
س.ت. ٢٠٥٥٠٠٦٦١٢
C.R. 205500612
FITNESS
Facility Telephone
013-361777

[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 Council.