



**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 : AKASH KUMAR**  
أكاش كومار

**SAUDI BADAGE NO. : 2588756219**  
**DATE : 20-09-2025 12:20 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"/>
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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 of without a hearing aid.

**NORMAL ABNORMAL**

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>YES</b>	<b>NO</b>

**Blood Group : O +ve**

**Dr. HIRA IMMAD**  
**General Physician**  
**SHIFA AL JUBAIL**

**Physician's Signature**

**Facility Name**



**Facility Location (City)**  
**JUBAIL**



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.