



**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
 AND VERIFY SIGNATURE WITH HIS PERSONAL STAMP AND HIS FACILITY STAMP]

EMPLOYEE NAME : ALI RAZA DIL KHURRAM SHAHZAD
علی رازا دیل کارام شہزاد

SAUDI BADAGE NO. : 2590784001

DATE : 05/01/2025

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.

HEARING :

4. Hearing shall be adequate for normal speech communication with or without a hearing aid.

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.

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.

FIT to WORK ?

4. Hearing shall be adequate for normal speech communication with or without a hearing aid.

Blood Group : A +ve

Dr. HIRA IMMAD
General Physician
SHIFA AL JUBAIL

Facility Name

د / شريف حبيب
DR. HIRA IMMAD
General Physician
الترخيص رقم : 1146841/9/3
License No..

Facility Location (City)
JUBAIL

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

NORMAL	ABNORMAL
---------------	-----------------

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

NORMAL	ABNORMAL
---------------	-----------------

NORMAL **ABNO**

	NORMAL	ABNORMAL
1. Color	Normal	Abnormal
2. Shape	Normal	Abnormal
3. Size	Normal	Abnormal
4. Consistency	Normal	Abnormal
5. Location	Normal	Abnormal
6. Characteristics	Normal	Abnormal
7. Response to treatment	Normal	Abnormal
8. Prognosis	Normal	Abnormal
9. Complications	Normal	Abnormal
10. Follow-up	Normal	Abnormal

NORMAL **ABNO**

	NORMAL	ABNORMAL
1. Color	Normal	Abnormal
2. Shape	Normal	Abnormal
3. Size	Normal	Abnormal
4. Consistency	Normal	Abnormal
5. Location	Normal	Abnormal
6. Characteristics	Normal	Abnormal
7. Response to treatment	Normal	Abnormal
8. Prognosis	Normal	Abnormal
9. Complications	Normal	Abnormal
10. Follow-up	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"/>

NORMAL	ABNORMAL
---------------	-----------------

☒ YES ☐ NO

Physician's Signature _____

C.R. 2055006612
MEDICAL FITNESS

Facility Telephone _____

DR. ~~SHERIE~~ HABIB
Medical Director