



**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 : SEHRISH SIKANDAR AJMAL JAVED  
سهرىش سكندر أجمال جافيد

SAUDI BADAGE NO. : 2537242337

DATE : 23-10-2025 12:09 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 its side effects.

**NORMAL** **ABNORMAL**

<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 : O +ve

**YES** **NO**

Dr. HIRA IMMAD

General Physician

SHIFA AL JUBAIL

Physician's Signature



Facility Name



Facility Location (City)  
JUBAIL



Facility Telephone

013-361777

Facility Fax

013-3630943

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 Concll.