



**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 :** ALI RAZA DIL KHURRAM SHAHZAD  
علي رازا ديل كارام شهزاد

**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 its 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

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

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

**NORMAL ABNORMAL**



**NORMAL ABNORMAL**



**NORMAL ABNORMAL**



**NORMAL ABNORMAL**



**NORMAL ABNORMAL**



**YES**

**NO**

Physician's Signature  
SHIFA AL JUBAIL MEDICAL CENTER CO.  
C.R. 2055006612  
MEDICAL FITNESS  
Facility Telephone  
DR. SHERIE HABIB  
Medical Director