



**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.

**NORMAL** **ABNORMAL**

<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 is 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 :** A +ve

**NORMAL** **ABNORMAL**

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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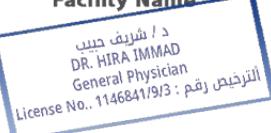
**Dr. HIRA IMMAD**

**YES** **NO**

**General Physician**

**SHIFA AL JUBAIL**

**Facility Name**



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

