



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 : Javed Iqbal Muhammad Sadiq
جاوید اقبال صادق محمد

SAUDI BADAGE NO. : 2486888353

DATE : 24-01-2026 06:52 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

HEARING :

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

NORMAL ABNORMAL

NORMAL ABNORMAL

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

NORMAL ABNORMAL

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

NORMAL ABNORMAL

NORMAL ABNORMAL

FIT to WORK ?

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

YES NO

Blood Group : B +ve

Physician's Signature

Dr. HIRA IMMAD

General Physician

SHIFA AL JUBAIL

Facility Name



Facility Location (City)
JUBAIL



Facility Telephone
013-361777

رائد جبار الـ

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 Concl.