



**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 STAMPL AND HIS FACILITY STAMP]

**EMPLOYEE NAME :** Javed Iqbal Muhammad Sadiq  
جاويد اقبال صادق محمد

**SAUDI BADAGE NO. :** 2486888353  
**DATE :** 24-01-2026 **06:52 PM**

**VISION :**

- The vision shall not be less than 20/40 in each eye separately with or without the use of eye glasses or contact lenses.
- Color vision and visual fields should be normal.
- 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 :**

- Hearing shall be adequate for normal speech communication with of without a hearing aid.

**NORMAL** **ABNORMAL**

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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**POTENTIAL SUDDEN INCAPACITY :**

- 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 :**

- Impairment of musculo-skeletal capacities.
- Co-Ordination and progressive or disabling neurological disease.
- Ahistory of Psychiatric illness or emotional instability.
- Substance abuse.
- Medication and it's side effects.

**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"/>

**FIT to WORK ?**

- Hearing shall be adequate for normal speech communication with of without a hearing aid.

**NORMAL** **ABNORMAL**

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>YES</b>	<b>NO</b>

**Blood Group :** B +ve

**Dr. HIRA IMMAD**  
**General Physician**  
**SHIFA AL JUBAIL**

**Physician's Signature**

**Facility Name**

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



**Facility Telephone**  
**8685073-361777**

*Shifa Al Jubail*

*Dr. Hira Immad*