



**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

NORMAL ABNORMAL

HEARING :

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

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

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 it's side effects.

NORMAL ABNORMAL

FIT to WORK ?

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

YES NO

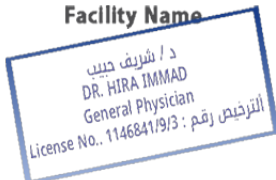
Blood Group : A +ve

Dr. HIRA IMMAD

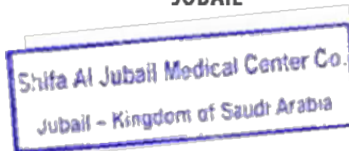
General Physician

SHIFA AL JUBAIL

Facility Name



**Facility Location (City)
JUBAIL**



Physician's Signature

(Handwritten Signature)

**C.R. 2055006612
MEDICAL FITNESS**

Facility Telephone

**DR. SHERIE HABIB
Medical Director**