


NAME OF EMPLOYEE BHEBE PHILLIP ID NUMBER SS11225557082 COMPANY NUMBER _____

It is a requirement of the Occupational Health and Safety Act, Construction regulations amendment Feb 2014 that this form is completed by the employer before the employee reports for his medical. This form is to be presented to person performing the medical examination.

★ OCCUPATION e.g. Welder, General worker, Bricklayer, Steel fixer, Mobile Crane operator etc.	★ POSSIBLE EXPOSURES e.g. noise, heat, fall risk, confined space etc.	★ JOB SPECIFIC REQUIREMENTS e.g. Operate mobile crane, dig trenches, erecting formwork & support work etc	★ PROTECTIVE EQUIPMENT e.g. dust respirator (light duty), welding gloves etc
DRIVER	NOISE	TRANSPORTING TOOLS	OVERALL
		REMOVE REMOVAL	SAFETY GLASSES
			SAFETY BOOTS
			GLOVES, DUST MASK

The employer to complete all spaces marked with ★

Declaration by Medical Examiner:

I certify that I have, by examination and testing, using the above criteria specified by the employer, satisfied myself that the abovementioned employee is fit to perform the duties as described by the Employer in the matrix above.

Occupational Medicine Practitioner/ Occupational Health Nursing Practitioner (please print name)

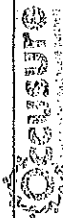
Signature:

Practice Number: 1565923

Date: 27/2/18

Address: _____

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