Occusure PTY LTD
passionate healthcare partners

№ 19338

Email: admin@occusure.co.za
Tel: 0861 OCUSURE (628 7873)
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Certificate of Fitness

This is to certify that: Bhengu Phillip Alec

Company: Mnguni Garden Services and repairs

Identity Number: 55 11 22 5557 082

was examined on: 19 September 2018 **Occusure Clinic:** Pietermaritzburg

AND HAS BEEN FOUND FIT TO ASSUME DUTIES AS A

Driller (Van)

RECOMMENDATIONS:

To manage and control own personal medical condition

RESTRICTIONS:

Nil

Referrals: Monthly at own healthcare provider

Certificate Expires: 09/2019

The following surveillance was performed:

- ✓ Physical Examination
- ✓ Vision screening: Keystone / Snellen
- X ~~Lung function assessment~~
- X ~~Multidrug Screen~~
- ✓ Other... Random Blood Sugar
- X ~~Entry/monitoring audiograms~~
- X ~~Cannabis test~~
- X ~~K10/ Epworth~~
- X ~~GGT~~

Lung function

FVC%	FEV1%	FEV1/FVC%	PEF%

Audiometry **PLH** **%** **PD** **%**

TIME	FREQ.	500KHZ	1000KHZ	2000KHZ	3000KHZ	4000KHZ	6000KHZ	8000KHZ
	LEFT							
	RIGHT							

SECOND TEST

TIME	FREQ.	500KHZ	1000KHZ	2000KHZ	3000KHZ	4000KHZ	6000KHZ	8000KHZ
	LEFT							
	RIGHT							

Occusure PTY LTD passionate healthcare partners
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DOCTORS COMMENTS:

DRS. P. ERASMUS & J. DO VALE INC.
MBChB / DOH
CATOMED OCCUPATIONAL HEALTH DIVISION
PR. NO: 1526642
BOX 213, CATO RIDGE, 3680
TEL. 031 782 2030

Signature of Occupational Medical Practitioner

DO4 27/9/18

Qualifications

Print Name

0CCU 004 CC YELLO

NAME OF EMPLOYEE BHEMBU PHIWA ID NUMBER 5511225557082 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	DUST, NOISE	TRANSPORTING TOOLS, REFUSE REMOVAL	OVERALL, EAR PLUG, SAFETY GLASSES, SAFETY BOOTS, GLOVES, DUST MASK

The employer to complete all spaces marked with ★

Declaration by MedicalExaminer:

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: 27/9/18.

Address: _____

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