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№ 23331

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Health Assessment for Fitness to work

This is to certify that: KHUMALO THANDAZILE OCTAVIA

Company: MNQUHES GARDEN SERVICES & REPAIRS

Identity Number: 810305 1099 087

was examined on: 14TH SEPTEMBER 20 18 **Occusure Clinic:** PMBURG

AND HAS BEEN FOUND FIT TO ASSUME DUTIES AS A

GARDENER

Recommendations:

Referrals: None

Certificate Expires: 13/09/2019

The following surveillance was performed:

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

Lung function

FVC%	FEV1%	FEV1/FVC%	PEF%

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

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

SECOND TEST

Not required

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

DOCTORS COMMENTS:

Signature of Occupational Medical Practitioner

OHWP RN
Qualifications

G. Lonsdale
Print Name

OCCU 003 HA
WHITE

15 New England Road, Pietermaritzburg
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NAME OF EMPLOYEE KHUMALO THANDAZILE ID NUMBER 8103051099 087 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
GARDNER	DUST	WEEDING	OVERALL, HELMET
	NOISE	SWEEPING	EARPLUG
		RAKING	SAFETY GLASSES
		TRIMMING FLOWER	CLEANING SMOKING BINS

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)* G. Lonsdale

Signature: [signature] Practice Number: SANC 10822518 Date: 14/09/2018

Address: ____________

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