

Health Assessment for Fitness to work

This is to certify that: KHUMALO THANDAZILE OCTAVIA

Company: MNQUNES GARDEN SERVICES & REPAIRS

Identity Number: 810305 1099 087

was examined on: 14th SEPTEMBER 2018

Occusure Clinic: PHBURG

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 | ☐ Entry/monitoring audiograms |
| ☒ Vision screening: Keystone / Snellen | ☐ Cannabis test |
| ☐ Lung function assessment | ☐ K10/ Epworth |
| ☐ Multidrug Screen | ☐ GGT |
| ☐ Other..... | |

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							

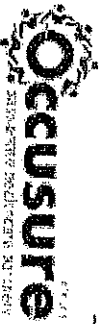
Not required

DOCTORS COMMENTS:

G. Lonsdale
Signature of Occupational Medical Practitioner

ONWP RIN
Qualifications

G. Lonsdale
Print Name



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			
	<u>SHARDYER</u> <u>DUST</u> <u>MOISE</u>														<u>WEEDING</u> <u>SWEEPING</u> <u>RAKING</u> <u>TRIMMING FLOWERS</u>					

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.

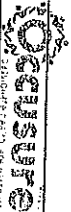
Occupational Medicine Practitioner/Occupational Health Nursing Practitioner (please print name) G. Lonsdale

Signature: [Signature]

Practice Number: SANC 10822518

Date: 14/09/2018

Address: _____



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