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№ 23774

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Health Assessment for Fitness to work

This is to certify that: MADONDO BRIAN FANAZI

Company: MNQUHES GARDEN SERVICES & REPAIRS

Identity Number: 960507 6352 085

was examined on: 01ST OCTOBER 20 18 Occusure Clinic: PTBURG

AND HAS BEEN FOUND FIT TO ASSUME DUTIES AS A

GARDENER

Recommendations:

Referrals: None

Certificate Expires: 30/09/2019

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

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

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DOCTORS COMMENTS:

Signature of Occupational Medical Practitioner

OHNP R/N
Qualifications

G. Lonsdale
Print Name

OCCU 003 HA
WHITE

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NAME OF EMPLOYEE MADONDO BRIAN FAMAZI ID NUMBER 9105076352085 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.

	★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				
★OCCUPATION e.g. Welder, General worker, Bricklayer, Steel fixer, Mobile Crane operator etc.	DUST	NOISE																	WEEDING	SWEEPING	RAKING							OVERALL	SAFETY GLASSES	SAFETY BOOTS	GLOVES	HELMET, DUST MASK.
GARDENER																															

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: _____ Practice Number: SANC 1082518 Date: 01/10/2018

Address: _____

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