

Health Assessment for Fitness to work

This is to certify that: MADONDO THEMBSILE
Company: MNQUMES GARDEN SERVICES AND REPAIRS
Identity Number: 830427 1002 089
was examined on: 13 SEPTEMBER 20 18 Occusure Clinic: NE RD

AND HAS BEEN FOUND FIT TO ASSUME DUTIES AS A

GARDENER

Recommendations:

Referrals: None

Certificate Expires: 12th SEPTEMBER 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

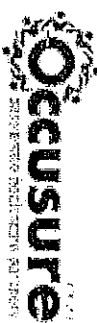
FVC%		FEV1%		FEV1/FVC%		PEF%		
Audiometry		PLH		%		PD		
TIME	FREQ.	500KHZ	1000KHZ	2000KHZ	3000KHZ	4000KHZ	6000KHZ	8000KHZ
	LEFT							
	RIGHT							
SECOND TEST								
TIME	FREQ.	500KHZ	1000KHZ	2000KHZ	3000KHZ	4000KHZ	6000KHZ	8000KHZ
	LEFT							
	RIGHT							

DOCTORS COMMENTS:

R. Dale
Signature of Occupational Medical Practitioner

DAVID RIN
Qualifications

G. Lonsdale
Print Name



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
GARDENER	DUST	WEEDING SWEEPING RAKING CLEANING SMOKING BINS PRUNING FLOWERS	OVERALL EAR PLUGS SAFETY GLASSES SAFETY BOOTS GLOVES DUST MASK.

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. Konsdler

Signature: *E. Adala* Practice Number: SANC 1062258 Date: 13/09/2018

Address:

Präferenzen
pmbocasure@telkom.net
033-3450654
0836338648
Fax: 0866190696

Head Office
admin@occasure.co.za
 036 6313772/6354430
 0836353491
 Fax: 0866494741/ 036 6314103

Gauteng
gauteng@occausure.co.za
 011 8236708
 0788046374
 Fax: 0866217744

OCCUSURE

100% Cotton • Soft Touch Polyester

679 Main Maryland Road, Pleimartitzburg
Tel: +33-3-846 0652 • 0601 662 7873
[sales@occurrence.co.za](mailto:sales@occurence.co.za) / www.occure.com