

## Health Assessment for Fitness to work

This is to certify that: Makawana Khotsofalo  
Company: Mnqubus Garden Services and Repairs  
Identity Number: 88 09 14 1170 080

was examined on: 18 September 2018 Occusure Clinic: Pietermaritzburg

AND HAS BEEN FOUND FIT TO ASSUME DUTIES AS A

Gardener

### Recommendations:

Referrals: nil

Certificate Expires: 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

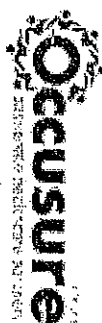
| FVC%        |       | FEV1%  |         | FEV1/FVC% |         | PEF%    |         |
|-------------|-------|--------|---------|-----------|---------|---------|---------|
|             |       |        |         |           |         |         |         |
| Audiometry  |       | PLH    |         | % 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

DOCTORS COMMENTS:

Signature of Occupational Medical Practitioner

R NLOHNP  
Qualifications

Sa Veronique  
Print Name


NAME OF EMPLOYEE MAKHUBA KHOTSAFENG ID NUMBER 980914117 0080 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<br>e.g. Welder, General worker, Bricklayer, Steel fixer, Mobile Crane operator etc. | * POSSIBLE EXPOSURES<br>e.g. noise, heat, fall risk, confined space etc. | * JOB SPECIFIC REQUIREMENTS<br>e.g. Operate mobile crane, dig trenches, erecting formwork & support work etc | * PROTECTIVE EQUIPMENT<br>e.g. dust respirator (fight duty), welding gloves etc                                          |
|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| <u>Welder</u><br><u>DUST</u><br><u>NOISE</u>                                                     |                                                                          | <u>WELDING</u><br><u>SWEEDING</u><br><u>PARKING</u><br><u>TRIMMING FLOWERS</u>                               | <u>OVERALL</u><br><u>SAFETY GLASSES</u><br><u>SAFETY BOOTS</u><br><u>GLOVES, GAR. PLAYS</u><br><u>HELMET, DUST MASK.</u> |

The employer to complete all spaces marked with ★

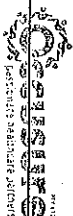
### Declaration by Medical Examiner:

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) Sa Verouwe

Signature: \_\_\_\_\_ Practice Number: 13697479 Date: 18/09/2018

Address: \_\_\_\_\_


Pleasantburg  
info@occusure.co.za  
033-3460654  
0836338648  
Fax: 0866190696

15 New England Road, Pleasantburg  
Tel: 033 346 0654 / 0861 528 Head Office  
info@occusure.co.za / admin@occusure.co.za  
036 6313772 6354430  
0836333491  
Fax: 0866494741/ 036 6314103

Gauteng  
gauleng@occusure.co.za  
011 8236708  
0789046374  
Fax: 0865217744