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Nº 23380

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Health Assessment for Fitness to work

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Qualifications

Print Name

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NAME OF EMPLOYEE HDLOUG LUNGISAMI

ID NUMBER 92013159 77 084 COMPANY NUMBER

his medical. This form is to be presented to person performing the medical examination. 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

	★ POSSIBLE EXPOSURES e.g. noise, heat, fall risk, confined space 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.	157	HCUTTER OVERD TOR	RALL, HARHESS .ACUG, HALMET TY SCASSES TY BOOTS FS DUST MUSK
SAKD MCK. The employer to cor		BRUS	OUE) EAL SAFE SAFE SCOVE
Declaration by MedicalExaminer	dicalExaminer:		
I certify that I have, by examine described by the Employer in the matrix above.	l 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.	at the abovementioned employee is fit to pe	rform the duties as
Signature: X	Signature: X Coc Sc Sc Practice Number: SANC (SA) SIGNATURE PRACTICE PRACTICE NUMBER: SANC (SA) SIGNATURE PRACTICE	Jake: (3/08/26)8	
Address:			The state of the s

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