

Health Assessment for Fitness to work

This is to certify that: NIDLOU LUNGISANI

Company: MINQUES GARDEN SERVICES AND REPAIRS

Identity Number: 920131 5977 084

was examined on: 13 SEPTEMBER 2018 Occusure Clinic: NEE CLINIC

AND HAS BEEN FOUND FIT TO ASSUME DUTIES AS A

BRUSH CUTTER OPERATOR

Recommendations:

Referrals: None

Certificate Expires: 12 SEPTEMBER 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 Normal

FVC%	FEV1%	FEV1/FVC%	PEF%
<u>88%</u>	<u>82%</u>	<u>79%</u>	<u>123%</u>

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: _____

[Signature]
Signature of Occupational Medical Practitioner

OMAP RIN
Qualifications

J. Lonsdale
Print Name



★ 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

5HRTX16R

DYST
MOISE

BRUSH CUTTER OPERATOR

OVERALL, HARNESS
EAR PLUG, HELMET
SAFETY GLASSES
SAFETY BOOTS

GLOVES, DUST MASK

The employer to complete all spaces marked with ☆

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 1272518

Date: 13/08/2018

Address:

033-3460654
0836338648

Fax: 0866190696

Head Office

admin@occsure.co.za
036 6313772/ 6354430

0836353491

Fax: 08666494741/036631/

Gautier

gauteng@occurse.co.za 011 8236708

0788045374

U/000403/4
Eay: 0866247744

15 New England Road, Plethamgriiziburg
Tel: 033 345 0554 / 0334 528 7973
pam@plethamgriiziburg.co.za / www.plethamgriiziburg.co.za

15 New England Road, Pietermaritzburg
Tel: 033 346 0554 / 0800 628 7973

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