

Health Assessment for Fitness to work

This is to certify that: NTULI NCENGOKWAKHE

Company: MINQUES GARDEN SERVICES AND REPAIRS

Identity Number: 960122 5950 081

was examined on: 13 SEPTEMBER 2018 Occusure Clinic: NER 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
- ✓ Vision screening: Keystone / Snellen
- ✓ Lung function assessment
- ✓ Multidrug Screen
- ✓ Other.....
- ✓ Entry/monitoring audiograms
- ✓ Cannabis test
- ✓ K10/Epworth
- ✓ GGT

Lung function Normal

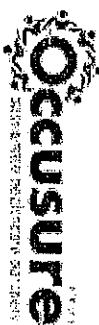
FVC%		FEV1%		FEV1/FVC%		PEF%			
95%		98%		88%		123%			
Audiometry		PLH		%		PD		%	
TIME	FREQ.	500KHZ	1000KHZ	2000KHZ	3000KHZ	4000KHZ	6000KHZ	8000KHZ	
	LEFT								
	RIGHT								
SECOND TEST									
TIME	FREQ.	500KHZ	1000KHZ	2000KHZ	3000KHZ	4000KHZ	6000KHZ	8000KHZ	
	LEFT								
	RIGHT								

DOCTORS COMMENTS:

[Signature]
Signature of Occupational Medical Practitioner

ONNP R/W
Qualifications

G. Lonsdale
Print Name



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. Scaffolder										MOISE DUST										BRUSHCUTTER OPERATOR										OVERALL, HARNESS EAR PLUG, HELMET SAFETY GLASSES SAFETY BOOTS GLOVES, DUST MASK									

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) G. Lonsdale

Signature: G. Lonsdale Practice Number: SANC 10893518 Date: 13/09/2018

Address: _____

OCCEUS
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