

Health Assessment for Fitness to work

This is to certify that: Mtungwa Carisile Beauty

Company: Mtshukwa Garden Services and Repairs

Identity Number: 79 0715 0259 082

was examined on: 14 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 | ☒ Entry/monitoring audiograms |
| ☒ Vision screening: Keystone / Snellen | ☒ Cannabis test |
| ☒ Lung function assessment | ☒ K10/ Epworth |
| ☒ Multidrug Screen | ☒ GGT |
| ☒ Other..... | |

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							

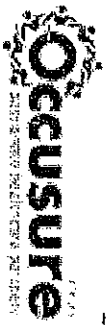
DOCTORS COMMENTS: _____

Signature of Occupational Medical Practitioner

RNLOHNP
Qualifications

Sa Veronique
Print Name

OCU 003 HA
WHITE



NAME OF EMPLOYEE

MATHEWS CHASILE

ID NUMBER

7907150259082

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
SADDLER DUST NOISE		WEEDING SWEEPING RAKING CLEANING SMOKING BINS TRIMMING FLOWERS	OVERALL, HELMET EARPLUGS SAFETY GLASSES SAFETY BOOTS GLOVES, DUST MASK

The employer to complete all spaces marked with *

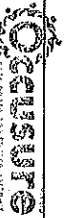
Declaration by Medical Examiner:

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) Sa Veroniwe

Signature: [Signature] Practice Number: 13697079 Date: 14/09/2018

Address: [Address]



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