

Health Assessment for Fitness to work

This is to certify that: Mincube Elphas Sebelo

Company: Mincube Garden Services and Repair

Identity Number: 85 0217 6049 085

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 | ☒ 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							

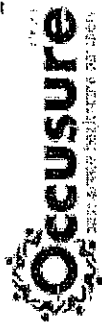
DOCTORS COMMENTS:

Signature of Occupational Medical Practitioner

Qualifications

Print Name

OCU 003 HA
WHITE



NAME OF EMPLOYEE MICHAEL ELIAS ID NUMBER 8502176049085 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				
	DUST NOISE										WEAVING SWEETING RAFTING TRIMMING Flowers					OVERALL ENGLAND SAFETY GLASSES SAFETY BOOTS GLOVES HELMET, DUST MASK				

The employer to complete all spaces marked with ★

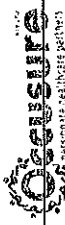
Declaration by Medical Examiner:

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 Veronique

Signature: _____ Practice Number: 13697479 Date: 18/09/2018

Address: _____



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