Occusure PTY LTD
passionate healthcare partners

№ 23346

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Health Assessment for Fitness to work

This is to certify that: Mooheohi Masabata

Company: Mavuhes Garden Services and Repairs

Identity Number: 80 04 01 1036 088

was examined on: 10 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
- ✓ Vision screening: Keystone / Snellen
- ✗ Lung function assessment
- ✗ Multidrug Screen
- ✓ Other...... Random blood sugar
- ✗ Entry/monitoring audiograms
- ✗ Cannabis test
- ✗ K10/ Epworth
- ✗ GGT

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 RMCOHNP *Qualifications* S Veronique *Print Name*

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NAME OF EMPLOYEE Moskeshi Masabatha **ID NUMBER** 8004 0110 360 88 **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	Weeding, Sweeping, Raking, Trimms Flowers	Overalls, Safety Glasses, Safety boots, Gloves, Earplugs, Helmet, Dustmask

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)* Sr Veronique

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

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