Occusure PTY LTD
passionate healthcare partners

№ 26814

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Certificate of Fitness

This is to certify that: MKHIZE MDUDUZI

Company: MNQUHES GARDEN SERVICES AND REPAIRS

Identity Number: 650215 5335 085

was examined on: 13 SEPTEMBER 2018 Occusure Clinic: NERD

AND HAS BEEN FOUND FIT TO ASSUME DUTIES AS A

BAKKIE DRIVER

Recommendations:

Referrals:

Certificate Expires: 12th SEPTEMBER 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

Qualifications

Print Name

DRS. P. ERASMUS & J. DO VALE INC.
MBChB / DOH
CATOMED OCCUPATIONAL HEALTH DIVISION
PR. NO: 1526642
BOX 213, CATO RIDGE, 3680
TEL. 031 782 2030

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NAME OF EMPLOYEE MKHIZE MDUDUZI ID NUMBER 6502155335085 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.

	★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. DRIVER	DUST NOISE	TRANSPORTING TOOLS REFUSE REMOVAL	OVERALL EARPLUGS SAFETY GLASSES SAFETY BOOTS GLOVES, DUSTMASK

The employer to complete all spaces marked with ★

Declaration by MedicalExaminer:

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)*

Signature: _____ Practice Number: _____ Date: 20/9/18

Address: _____

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