

Health Assessment for Fitness to work

This is to certify that: Mbatha Sibongile Princes

Company: Marques Garden Services and Repairs

Identity Number: 741225 1062 084

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

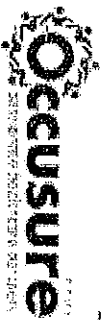
FVC%		FEV1%		FEV1/FVC%		PEF%		
Audiometry		PLH		%	PD		%	
TIME	FREQ.	500KHZ	1000KHZ	2000KHZ	3000KHZ	4000KHZ	6000KHZ	8000KHZ
	LEFT							
	RIGHT							
SECOND TEST								
TIME	FREQ.	500KHZ	1000KHZ	2000KHZ	3000KHZ	4000KHZ	6000KHZ	8000KHZ
	LEFT							
	RIGHT							

DOCTORS COMMENTS:

Signature of Occupational Medical Practitioner

RN/00MP
Qualifications

Sa Veronique
Print Name



NAME OF EMPLOYEE SIBOLILE MBATHA ID NUMBER 74 1223 1062 084 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
<u>SAFETY</u> <u>DUST</u> <u>NOISE</u>		<u>WEEDING</u> <u>SWEEPING</u> <u>RAKING</u> <u>CLEANING SMOKING BINS</u> <u>TRIMMING FLOWERS</u>	<u>OVERALL, HELMET</u> <u>EAR PLUGS</u> <u>SAFETY BOOTS</u> <u>SAFETY GLASSES</u> <u>GLOVES, DUST MASK</u>

The employer to complete all spaces marked with *

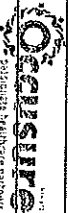
Declaration by Medical Examiner:

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) Sar Yemouire

Signature: [Signature] Practice Number: 13697479 Date: 14/09/2019

Address: _____



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