Occusure PTY LTD
passionate healthcare partners

№ 23324

Email: admin@occusure·co·
Tel: 0861 OCUSURE (628 787
www·occusure·co·

Health Assessment for Fitness to work

This is to certify that: Mbatha Sibongile Princess

Company: Mnqubes Garden Services and Repairs

Identity Number: 74 1225 1062 084

was examined on: 14 September 20 18 **Occusure Clinic:** Pietermaritzburg

AND HAS BEEN FOUND FIT TO ASSUME DUTIES AS A

Gardner

Recommendations:

Referrals: Nil

Certificate Expires: 09/2019

The following surveillance was performed:

- ✓ Physical Examination
- ✓ Vision screening: Keystone / Snellen
- ~~✗ Lung function assessment~~
- ~~✗ Multidrug Screen~~
- ~~✗ Other~~.....
- ~~✓ 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							

Occusure passionate healthcare partners
15 New England Road, Pietermaritzburg
Tel: 033 346 0654 / 0861 628 7873
pmbreception@occusure.co.za / www.occusure.co.za

DOCTORS COMMENTS:

Signature of Occupational Medical Practitioner

RN | OHNP
Qualifications

A Venoudue
Print Name

OCCU 003 HA
WHITE

Occusure

NAME OF EMPLOYEE SIBONGILE MBATHA ID NUMBER 7412231062084 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
GARDNER	DUST	WEEDING	OVERALL, HELMET
	NOISE	SWEEPING	EAR PLUG
		RAKING	SAFETY BOOTS
		CLEANING SMOKING BINS	SAFETY GLASSES
		TRIMMING FLOWERS	GLOVES, DUST MUSK

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)* Sr Veronique

Signature: [signature] Practice Number: 1369747 9 Date: 14/09/2019

Address: ______

Occusure passionate healthcare partners
15 New England Road, Pietermaritzburg
Tel: 033 346 0654 / 0861 628 7873
pmbreception@occusure.co.za / www.occusure.co.za

Pietermaritzburg
pmboccusure@telkomsa.net
033-3460654
0836338648
Fax: 0866190696

Head Office
admin@occusure.co.za
036 6313772/ 6354430
0836353491
Fax: 0866494741/ 036 631

Gauteng
gauteng@occusure.co.za
011 8236708
0788046374
Fax: 0866217744