

Health Assessment for Fitness to work

This is to certify that: Mgegeba Sibongile Eunice
Company: Mnquhes Garden Services and Repairs
Identity Number: 76 11 28 0732 089

was examined on: 14 September 2018 Occusure Clinic: Pietermaritzburg

AND HAS BEEN FOUND FIT TO ASSUME DUTIES AS A

Brush Cutter

RECOMMENDATIONS:

To manage personal medical condition

RESTRICTIONS:

No to operate any driven machinery or work at heights until condition well controlled

Referrals: Primary health clinic To bring report back to

Certificate Expires: 09/2019 occusure

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 normal

FVC%	FEV1%	FEV1/FVC%	PEF%
105	98	80	108

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

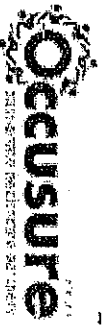
RNLOHNP

Qualifications

S. Veronique

Print Name

OCCU 003 H
YELLOW



NAME OF EMPLOYEE

Ngwenya SibonileID NUMBER 761128073 2087

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. <u>SPRAYER</u>	<u>DUST</u> <u>NOISE</u> 	<u>BRUSHCUTTER OPERATOR</u> 	<u>OVERALL, HELMET</u> <u>GARMENTS, HARNESS</u> <u>SAFETY GLASSES</u> <u>SAFETY BOOTS</u> <u>GLOVES, DUST MASK</u>

The employer to complete all spaces marked with ★

Declaration by Medical Examiner:
To maintain personal medical condition
no to operate any driven machinery or work at heights

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) Sir Veronique

Signature: _____ Practice Number: 13697479 Date: 14/09/2018

Address: _____



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