Occusure PTY LTD
passionate healthcare partners

№ 14360

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

Health Assessment for Fitness to work

This is to certify that: Mgegeba Sibongile Eunice

Company: Mnguhes Garden Services and Repairs

Identity Number: 761128 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 height until condition well controlled

Referrals: Primary health clinic : To bring report back to occuser

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 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							

Occusure (Pty) Ltd
15 New England Road, Pietermaritzburg
Tel: 033 346 0554 / 0861 628 7873
pmbreception@occusure.co.za / www.occusure.co.za

DOCTORS COMMENTS: _____

Signature of Occupational Medical Practitioner — RN IOHNP — *Qualifications* — Sr Veronique — *Print Name*

NAME OF EMPLOYEE MGEGEBA SIBONGILE ID NUMBER 7611280732089 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, NOISE	BRUSHCUTTER, CHAINSAW	OVERALL, HELMET, EARMUFFS, HARNESS, SAFETY GLASSES, SAFETY BOOTS, GLOVES, DUST MASK

The employer to complete all spaces marked with ★

Declaration by MedicalExaminer: -To manage 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)* Sr Veronique

Signature: _____ Practice Number: 1369479 Date: 14/09/2018

Address: _____

Occusure
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 6314103

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