Occusure PTY LTD
passionate healthcare partners

№ 23326

Email: admin@occusure.co.za
Tel: 0861 OCUSURE (628 7873)
www.occusure.co.za

Health Assessment for Fitness to work

This is to certify that: Mchunu Thandiwe Alexinah

Company: Mnqukwa Garden Services and Repairs

Identity Number: 73 12 03 0776 084

was examined on: 14 September 2018 **Occusure Clinic:** Pietermaritzburg

AND HAS BEEN FOUND FIT TO ASSUME DUTIES AS A

General worker

Recommendations:

To manage personal medical condition

Referrals: nil

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

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/OHNP *Qualifications* S. Veronique *Print Name*

OCCU 003 HA
WHITE

Occusure passionate healthcare partners
15 New England Road, Pietermaritzburg
Tel: 033 346 0554 / 0861 628 7873
pmbreception@occusure.co.za / www.occusure.co.za

Occusure

NAME OF EMPLOYEE Mchuru THAMDIWE ID NUMBER 7312030776084 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.	DUST	NOISE																		WEEDING	SWEEPING	RAKING	TRIMMING FLOWERS					OVERALL, HELMET	EARPLUG	SAFETY GLASSES	SAFETY BOOTS	GLOVES, DUST MASK
GARDNER																												

The employer to complete all spaces marked with ★

Declaration by MedicalExaminer: To manage personal medical condition

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: 1369747 9 Date: 14/09/2018

Address: _____

Occusure passionate healthcare partners
15 New England Road, Pietermaritzburg
Tel: 033 346 0654 / 0861 628 787 | Head Office
pmbreception@occusure.co.za / www.admin@occusure.co.za

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

036 6313772/ 6354430
0836353491
Fax: 0866494741/ 036 6314103

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