

Health Assessment for Fitness to work

This is to certify that: Mchunu Thandile Alexina

Company: Manukes 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 | ☒ Entry/monitoring audiograms |
| ☒ Vision screening: Keystone / Snellen | ☒ Cannabis test |
| ☒ Lung function assessment | ☒ K10/ Epworth |
| ☒ Multidrug Screen | ☒ GGT |
| ☒ Other: <u>Random blood Sugar</u> | |

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								

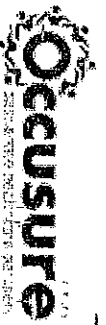
DOCTORS COMMENTS:

Signature of Occupational Medical Practitioner

RN/LOHNP
Qualifications

S. Veronique
Print Name

OCU 003 HA
WHITE



NAME OF EMPLOYEE

Melanie THANDUKE

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.

* 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
* OCCUPATION e.g. Welder, General worker, Bricklayer, Steel fixer, Mobile Crane operator etc. <u>SAFETY</u> <u>DUST</u> <u>NOISE</u>		<u>WEEDING</u> <u>SWEEPING</u> <u>RAKING</u> <u>TRIMMING FLOWERS</u>	<u>OVERALL, HELMET</u> <u>EARPLUG</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

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) Sa Veronique

Signature:

[Signature]

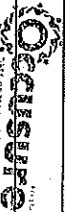
Practice Number:

13697179

Date:

14/09/2018

Address:



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