

Health Assessment for Fitness to work

This is to certify that: MBATHA PHILISIWE
Company: MNQUMES GARDEN SERVICES AND REPAIRS
Identity Number: 720212 0463 083
was examined on: 13 SEPTEMBER 2018 Occusure Clinic: NE Rol
AND HAS BEEN FOUND FIT TO ASSUME DUTIES AS A
GARDENER

Recommendations:

Referrals: None

Certificate Expires: 12TH SEPTEMBER 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

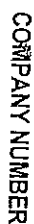
FVC%		FEV1%		FEV1/FVC%		PEF%		
Audiometry		PLH		PD				
TIME	FREQ.	500KHZ	1000KHZ	2000KHZ	3000KHZ	4000KHZ	6000KHZ	8000KHZ
	LEFT							
	RIGHT							
SECOND TEST								
TIME	FREQ.	500KHZ	1000KHZ	2000KHZ	3000KHZ	4000KHZ	6000KHZ	8000KHZ
	LEFT							
	RIGHT							

DOCTORS COMMENTS:

G. Lonsdale
Signature of Occupational Medical Practitioner

OHWP R/W
Qualifications

G. Lonsdale
Print Name



★ 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

SARD HICK

DUST

The employer to complete all spaces marked with ☆

Declaration by Medical Examiner:

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)

Signature:

John A. [Signature]

Practice Number:

10822718

Date:

13/09/2018

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