

Nº 23377

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

www.occusure.co.za

## Health Assessment for Fitness to work

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Qualifications

Print Name

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ID NUMBER 72,02,120 463 085 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.

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 Employer in the matrix above.  Becupational Medicine Practitioner/Occupational Health Nursing Practitioner (please print name)  Signature:  Practice Number: (0522518 Date: 13 09 15 18	Declaration by MedicalExaminer:	*OCCUPATION  *OCCUPATION  e.g. Welder, General worker, Bricklayer, Steel fixer, Mobile Crane operator etc.  Steel fixer, Mobile Crane operator etc.  SALTHUS SMOKE IN	♣ POSSIBLE EXPOSURES  e.g. noise, heat, fall risk, confined space etc.  e.g. noise, heat, fall risk, confined space etc.  erecting formwork & support work etc
is fit to perform the duties as		OUERALL EARPLUG SAFETY GLASSES SAFETY BOOTS SLOWS, DUST MYSK	*PROTECTIVE  # PROTECTIVE  EQUIPMENT  e.g. dust respirator (light  duty)_welding gloves etc

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