

Health Assessment for Fitness to work

This is to certify that: THUNGANA PRINCESS

Company: MNQUHES GARDEN SERVICES & REPAIRS

Identity Number: 741129 0719 089

was examined on: 14TH SEPTEMBER 2018

Occusure Clinic: PHBURG

AND HAS BEEN FOUND FIT TO ASSUME DUTIES AS A

GARDENER

RECOMMENDATIONS:

RESTRICTIONS:

Poor vision. Recommended that she does not work at Heights or operate any moving machinery

Referrals: To Edendale Optometrist. Follow up for eye test at

Certificate Expires: 31/10/2018 Occusure when gets her glasses

The following surveillance was performed:

- ✓ Physical Examination
- ✓ Vision screening: Keystone / Snellen
- ✓ Lung function assessment
- ✓ Multidrug Screen
- ✓ Other: Random Blood Sugar
- ↓ Entry/monitoring audiograms
- ↓ Gannabis test
- ↓ K10/Epworth
- ↓ GGT

Lung function

FVC%		FEV1%		FEV1/FVC%		PEF%	



NAME OF EMPLOYEE

THUSHA NANCEID NUMBER 741290719087

COMPANY NUMBER

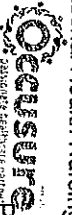
It is a requirement of the Occupational Health and Safety Act, Construction regulations amendment Feb 2014 that this form is completed by the employer before the employee reports for his medical. This form is to be presented to person performing the medical examination.

* 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
SANDBLASTING DUST MOISTURE		WEEDING SWEEPING RAKING TRIMMING FLOWERS	OVERALL, HELMET EARPLUGS SAFETY GLASSES SAFETY BOOTS GLOVES, DUST MASK

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) C. LonsdaleSignature: [Signature]Practice Number: SPNS 10822518Date: 14/09/2018

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Referred to EDH operator. Very poor vision must not work at heights or operate any moving machinery. Certificate expires 31/10/18 so must follow up at Occure when she gets glasses