Occusure PTY LTD
passionate healthcare partners

№ 14603

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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:** PMBURG

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 Occusure when gets her glasses

Certificate Expires: 31/10/2018

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%

Audiometry PLH % PD %

TIME	FREQ.	500KHZ	1000KHZ	2000KHZ	3000KHZ	4000KHZ	6000KHZ	8000KHZ
	LEFT							
	RIGHT							

SECOND TEST Not required

TIME	FREQ.	500KHZ	1000KHZ	2000KHZ	3000KHZ	4000KHZ	6000KHZ	8000KHZ
	LEFT							
	RIGHT							

DOCTORS COMMENTS:

Edendale
Signature of Occupational Medical Practitioner

OHNP RN
Qualifications

G. Lonsdale
Print Name

15 New England Road, Pietermaritzburg
Tel: 033 346 0654 / 0861 628 7873
pmbreception@occusure.co.za / www.occusure.co.za

NAME OF EMPLOYEE THUMSAHA PRINCESS ID NUMBER 7411290719087 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				
	DUST	NOISE																		WELDING	SLEEPING	BARING	TRIMMING flowers						OVERALL, HELMET	EARPLUGS	SAFETY GLASSES	SAFETY BOOTS	GLOVES, DUST MASK
GARDNER																															

The employer to complete all spaces marked with ★

Declaration by MedicalExaminer:

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)* G. Lonsdale

Signature: Lonsdale Practice Number: SANC 08225 18 Date: 14/09/2018

Address:

Occusure passionate healthcare partner
15 New England Road, Pietermaritzburg
Tel: 033 346 0654 / 0861 628 7873
pmbreception@occusure.co.za / www.occusure.co.za

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

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