NAME OF EMPLOYEE MAJOLA ZANDILE ID NUMBER 8010230701089 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.

	★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. GARDNER	DUST, NOISE	WEEDING, SWEEPING, RAKING, TRIMMING FLOWERS	OVERALL, SAFETY GLASSES, SAFETY BOOTS, GLOVES, EAR PLUGS, HELMET, DUST MASK

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)* Sr Veronique

Signature: _____ Practice Number: 1369746 79 Date: 18/09/2018

Address: _____

Occusure passionate health safe partners
15 New England Road, Pietermaritzburg
Tel: 033 346 0654 / 0861 623 7373 Head Office
pmboccusure@telkomsa.net pmbreception@occusure.co.za / www.occusure.co.za admin@occusure.co.za
Pietermaritzburg
033-3460654
0836338648
Fax: 0866190696
036 6313772/ 3154430
0836353491
Fax: 0866494741/ 036 4103
Gauteng
gauteng@occusure.co.za
011 8236708
0788046374
Fax: 0866217744