


NAME OF EMPLOYEE MASELA 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.

* 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
<u>Welder</u> DUST NOISE	/		
		<u>WEEDING</u> <u>SWEEDING</u> <u>RAKING</u> <u>TRIMMING FLOWERS</u>	
		/	
		<u>OVERALL</u> <u>SAFETY GLASSES</u> <u>SAFETY BOOTS</u> <u>GLOVES, EAR PLUGS</u> <u>HELMET, DUST MUCK</u>	

The employer to complete all spaces marked with *

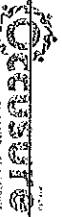
Declaration by Medical Examiner:

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) SA Veronique

Signature: _____ Practice Number: 13697479 Date: 18/09/2018

Address: _____



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