

Health Assessment for Fitness to work

This is to certify that: Shezi Fikile Fakunete

Company: Mnqubus Garden Services and Repairs

Identity Number: 91 03 20 1297 085

was examined on: 11 September 2018

Occusure Clinic: Pietermaritzburg

AND HAS BEEN FOUND FIT TO ASSUME DUTIES AS A

Gardener

Recommendations:

Referrals: Nil

Certificate Expires: 09/2019

The following surveillance was performed:

- | | |
|--|---|
| ☒ Physical Examination | ☒ Entry/monitoring audiograms |
| ☒ Vision screening: Keystone / Snellen | ☒ Cannabis test |
| ☒ Lung function assessment | ☒ K10/Epworth |
| ☒ Multidrug Screen | ☒ GGT |
| ☒ Other..... | |

Lung function

		FVC%	FEV1%		FEV1/FVC%		PEF%	
		Audiometry		PLH	%	PD	%	
TIME	FREQ.	500KHZ	1000KHZ	2000KHZ	3000KHZ	4000KHZ	6000KHZ	8000KHZ
	LEFT							
	RIGHT							
SECOND TEST								
TIME	FREQ.	500KHZ	1000KHZ	2000KHZ	3000KHZ	4000KHZ	6000KHZ	8000KHZ
	LEFT							
	RIGHT							

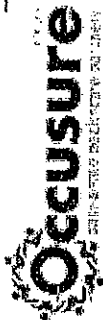
DOCTORS COMMENTS:

Signature of Occupational Medical Practitioner

Qualifications

Print Name

OCCU 003 HZ
WHITE


NAME OF EMPLOYEE SHERI FIKILE ID NUMBER 9103201297085 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>SMITH</u> <u>DUST</u> <u>NOISE</u>			<u>WEAVING</u> <u>SKINNING</u> <u>FAKING</u> <u>FORMWORK FLOWERS</u>	<u>OVERALL HELMET</u> <u>SAFETY GLASSES</u> <u>SAFETY BOOTS</u> <u>GLOVES, DUST MASK</u>
The employer to complete all spaces marked with ★				

Declaration by Medical Examiner:

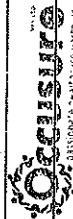
I certify that I have, by examination and testing, using the above criteria specified by the employer, satisfied myself that the abovementioned employee is fit to perform the duties as described by the Employer in the matrix above.

Occupational Medicine Practitioner/ Occupational Health Nursing Practitioner (please print name) S. Veranoir

Signature: _____

Practice Number: 13697479Date: 14/09/2018

Address: _____



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