

Health Assessment for Fitness to work

This is to certify that: Kanyile Londiwe Faith

Company: Moroke Garden Services and Repairs

Identity Number: 870101 1328 080

was examined on: 11 September 2018

Occusure Clinic: Pietermaritzburg

AND HAS BEEN FOUND FIT TO ASSUME DUTIES AS A

Gardener

RECOMMENDATIONS:

- To manage personal medical condition
- To wear appropriate respiratory protection

RESTRICTIONS:

Dust

Referrals: Own healthcare provider

Certificate Expires: 09/2019

The following surveillance was performed:

- ☒ Physical Examination
- ☒ Vision screening: Keystone / Snellen
- ☒ Lung function assessment
- ☒ Multidrug Screen
- ☒ Other.....
- ☒ Entry/monitoring audiograms
- ☒ Cannabis 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								
TIME	FREQ.	500KHZ	1000KHZ	2000KHZ	3000KHZ	4000KHZ	6000KHZ	8000KHZ
	LEFT							
	RIGHT							

DOCTORS COMMENTS: _____

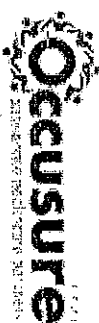
Signature of Occupational Medical Practitioner

RN/OMNP

Qualifications

S. Vermeulen

Print Name

NAME OF EMPLOYEE KAYLE LOUDICEID NUMBER 8701011328080

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
* OCCUPATION e.g. Welder, General worker, Bricklayer, Steel fixer, Mobile Crane operator etc. <u>SHARDER</u> DUST NOISE		* JOB SPECIFIC REQUIREMENTS e.g. Operate mobile crane, dig trenches, erecting formwork & support work etc WEEDING BROOMING RAKING TRIMMING FLOWERS	* PROTECTIVE EQUIPMENT e.g. dust respirator (light duty), welding gloves etc OVERALL, DUST MASK. EAR PLUGS SAFETY GLASSES SAFETY BOOTS GLOVES, HELMET

The employer to complete all spaces marked with *

Declaration by Medical Examiner:

To wear appropriate respiratory protection to manage own personal medical condition

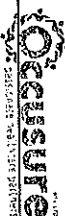
I certify that I have, by examination and testing, using the above criteria specified by the employer, satisfied myself that the abovementioned employee is fit to perform the duties as described by the

Employer in the matrix above.

Occupational Medicine Practitioner/Occupational Health Nursing Practitioner (please print name) Sa Xerovic

Signature: [Signature] Practice Number: 13697479 Date: 14/09/2018

Address: _____



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