46 Jacaranda Crescent
Isipingo Hills
Tel: (031) 902 1705 Fax: 088 031 902 1705
email: rramdutt@telkomsa.net

CERTIFICATE OF FITNESS

I *Dr. Ramesur Maharaj* hereby confirm that in accordance to the

Job specification presented by

_____

representing (Company Name:) M.J. CHEATER INDUSTRIAL ROOFING

that MR. JAKOBUS WILLEM BURGER

ID No 8204 01 5196 082

is fit to carry out duties with the following restrictions:

(Circle if applicable)

(Nil):

Other: _____

This Certificate of fitness expires on 29:05:2019, being one year from date of examination.

Signed: _____ Name: *Dr Ramesur Maharaj*

Date: 29.05.2018

R & R OCC HEALTH CENTRE
DR RAMESUR MAHARAJ
MBCHB-UKZN DOH UKZN
16 JACARANDA CRESCENT, ISIPINGO HILLS, 4133
TEL: 031 902 1705 FAX: 088 031 902 1705
CELL: 083 231 4586 / 072 690 4695

Annexure 3

OCCUPATIONAL HEALTH AND SAFETY ACT. 85 OF 1993

Construction Regulations. 2014

Medical Certificate of Fitness

Name of Employee: JAKOBUS BURGER ID Number: 820401 5198 08 2 Co. Number:

	* Possible Exposure Eg. Noise, Heat, Fall Risk, Confined Spaces etc.														* Job Specific Requirements Eg. Operating Mobile Crane, Digging Trenches, Erecting Formwork & Supportwork etc.									* Protective Equipment Eg. Dust Respirator (Light Duty), Welding Gloves, etc.									
*Occupation Eg. General Worker, Welder, Bricklayer, Steel Fixer, Mobile Crane operator, etc.	Noise Heat	All Risk	Asbestos Removal	Vibrations From	Electrical Tools	Dust Asbestos	Normal Hawe	Hold Dust	Working at Heights	Utilizing Mobile	Elevated Work	Platforms	Scaffolding	Ladders			Installing Roof Sheets	Removing Old Roof She	Sheeting and Asbestos		Working At Heights	Utilizing Electrical	Equipment				Safety Harness	Steel Cap Boots	Disposable Overalls	P3 Respirator	Gloves, Safety glasses	Training on Mobile	elevated Work stat	Forms and	Scaffolding	Hard hat

* The Employer to complete the information in the spaces marked with an * before sending the Employee for a medical examination.

Declaration by the Medical Examiner:

I certify that I have, by examination and testing, using the above criteria specified by the employer, satisfied myself that the above metioned 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. R. Ramduth

Signature: R. Ramduth Practice Number: 1508121

Address: 46 Jacaranda Crescent, Isipingo Hills, 4133 Date: 22/05/2015

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46 JACARANDA CRESCENT, ISIPINGO HILLS, 4133
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PR 1508121

MR JAKOBUS WILLEM BURGER - 8204015196082

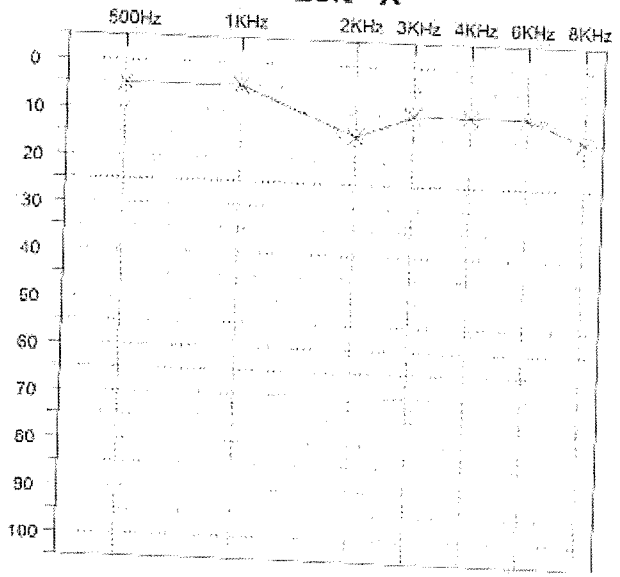
Birth date:		Employed on:	05/29/2018	Baselined:	
Company	MJ CHEATER INDUSTRIAL ROOFING			Contractor	
Department				8Hr. Rating Level	
Area				NIHL ?	
Occupation	SAFETY OFFICER			Next Test:	05/29/2019

Screening Audiogram - 05/29/2018 11:35

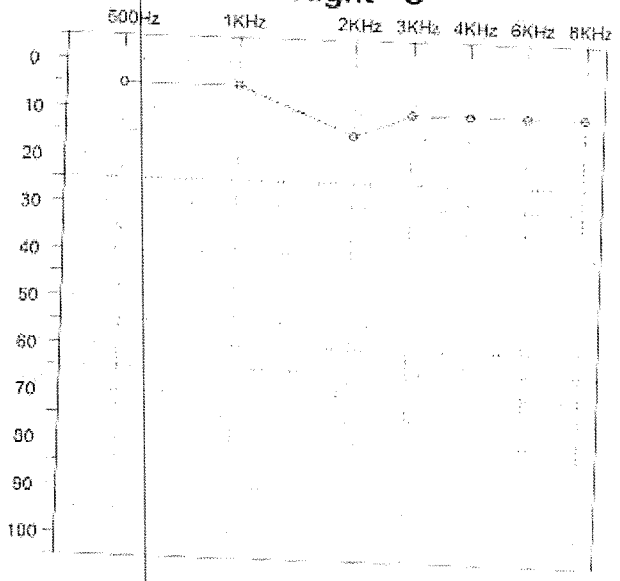
Interacoustics AS216 Serial Number - 758150

Date calibrated: 20171025

Left - X



Right - O



Line Colour	Audiogram	Date	Left							Right							PLH	PLH Shift	ABHL	Manual Update
			.5k	1k	2k	3k	4k	6k	8k	.5k	1k	2k	3k	4k	6k	8k				
	Screening	05/29/2018	5	5	15	10	10	10	15	5	5	15	10	10	10	10	1.1	?	9.00	-

Tested By: Supervisor

Employee's Acceptance:

Please refer to the audiogram/s shown above

Employee Notes

--End of Document--

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Default institute Default department

Default user

29.05.2018 11:32:29

Pat-Name: **Burger-Willem Jakobus**

Pat-No: **8204015196082**

Case No.:

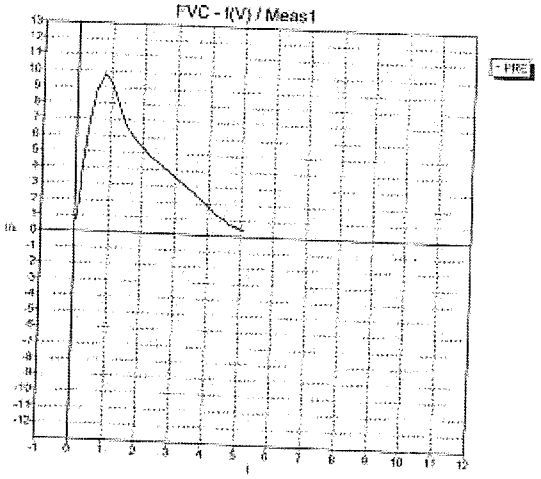
Born: 01.04.1982
Age: 36 Y
Sex: Male
Height: 180.0 cm
Weight: 123.0 kg
Ethnic: -

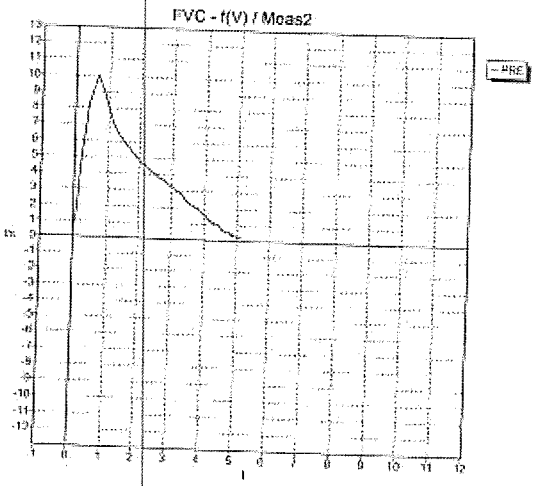
Indic:
Med:
Rem:

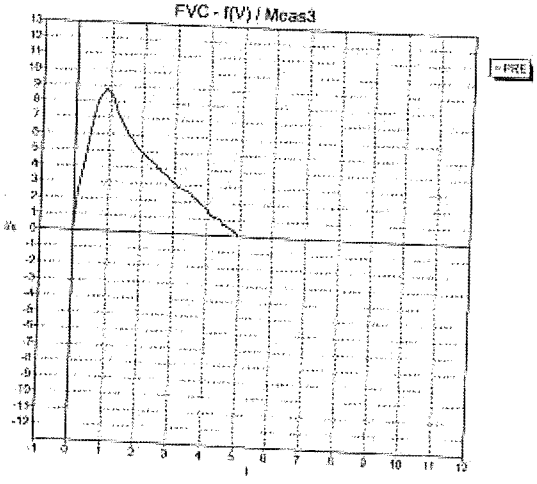
		ECCS / Quanjer Pred	PRE Best	%Pred	Meas1	Meas2	Meas3
FVC	[l]	5.08	5.14	101	5.14	5.20	4.97
FEV 0.5	[l]	0.00	3.03	-	3.03	2.88	2.90
FEV 1.0	[l]	4.21	4.19	100	4.19	4.04	4.04
FEV 3.0	[l]	0.00	0.00	-	0.00	5.11	4.97
FEV 0.5/FVC	[%]	0	59	-	59	55	58
FEV 1.0/FVC	[%]	81	82	101	82	78	81
FEV 3.0/FVC	[%]	0	0	-	0	98	100

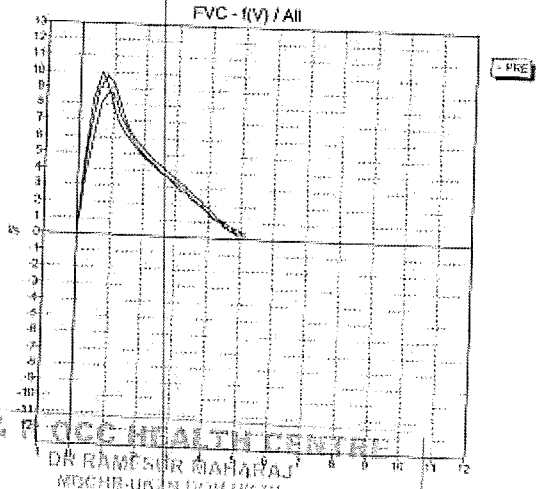
Interpretation
Normal Condition

Validated by









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DR RAMESUR MAHARAJ
MBCHB-UKZN DOH UKZN
16 JACARANDA CRESCENT, ISIPINGO HILLS, 4133
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CELL: 083 233 4580 / 072 690 4695

armi
AfriRad Medical Imaging
Diagnostic Radiologists

29/05/2018

PATIENT NAME: MR JAKOBUS BURGER
DATE OF BIRTH: 01/04/1982
REFERRED BY: R&R OCCUPATIONAL HEALTH

CHEST PA

Trachea is central.
Lung fields are clear.
No bronchial wall thickening noted.
No pleural effusions noted.
No hilar or mediastinal lymphadenopathy present.
Cardiothoracic ratio is within normal limits.
The thoracic axial skeleton and bony thorax appears within normal limits.
Visualised infra diaphragmatic structures within normal limits.

Comment:
Chest radiograph is within normal limits. No evidence of pulmonary TB or occupational lung disease noted.

Thank you for the referral.

DR H MOOSA
MBBCh(Wits) FC Rad Diag(SA)

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MSCHS-UKZN DOH UKZN
4F JACARANDA CRESCENT, ISIPINGO HILLS, 4133
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MEDICAL EXAMINATION

JAKOBUS WILLEM BURGER – 820401 5196 08

EXAMINATION	NORMAL	ABNORMAL	DETAILS OF ABNORMALITY
Skin, Hair, Nails	✓		
Head	✓		
Eyes, Cornea	✓		
Ears	✓		
Nose	✓		
Mouth & Throat	✓		
Teeth	✓		
Neck & Thyroid	✓		
Chest & Lungs	✓		
Heart	✓		
Peripheral Arteries	✓		
Peripheral Veins (Varicose)	✓		
Abdomen	✓		
Upper Limbs	✓		
Upper Limbs	✓		
Lower Limbs	✓		
Spine	✓		
Lymph Nodes	✓		
CNS - Localising signs, tremor, gait	✓		

PHYSICAL MEASUREMENTS

Pulse	80
Blood Pressure	127 | 80
Height (cm)	180
Weight (Kg)	128

URINALYSIS	YES	NO
Sugar		✓
Protein		✓
Blood		✓

INVESTIGATIONS

INVESTIGATION	DONE	COMMENT
Audiometric Screening	✓	
Spirometry	✓	
~~ECG~~ Adv 3	✓	
Vision - Keystone	-	
Vision - Snellen	✓	(R) 6/6 (L) 6/6 BOTH 6/6 WITH/WITHOUT CORRECTIVE LENSES
Chest X-ray	✓	
~~Blood~~ Pty Adv	✓	

R & R OCC HEALTH CENTRE
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BSC MB CHB (UKZN) OCC MED (UKZN)
48 JACARANDA CRESCENT, ISIPINGO HILLS
TEL: 031 902 1705 FAX: 086 031 902 1
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PR 1508121

Examiner's Comment:

I CERTIFY THAT THE ABOVE PERSON IS FIT / ~~NOT~~ FIT FOR DUTY

Signature: ..... **Date:** 29/05/2018 **Place:** .....

PSYCHOLOGICAL ASSESSMENT FOR EMPLOYEES WORKING IN ELEVATED POSITION, CONTAINED SPACES AND MACHINE OPERATORS.

The construction regulation of the occupation health and safety act requires that all employees that work on elevated positions must undergo a psychological and medical assessment to ensure that they are fit to perform their work safe without risk to themselves or others. The psychological assessment will consist of a questionnaire (complete with or without assistance of medical personnel) as well as clinical evaluation.

CONSENT

I hereby give my consent to undergo psychological assessment. I confirm that all information given by me is true and correct.

Name: JAKOBUS WILLEM BURGER Signature of employee: [signature]

Date: 29-05-2018 Witness: [signature]

PLEASE COMPLETE THE FOLLOWING BY TICK:

NO	QUESTION	YES	NO
1	Were you ever treated for any psychological/psychiatric condition?		✓
2	Did you ever try to commit suicide or had suicidal thoughts?		✓
3	Do you have fear of heights?		✓
4	Do you become anxious when in confined spacious?		✓
5	Do you use alcohol regularly?		✓
6	Do you use drugs e.g. dagga, cocaine, heroin?		✓
7	Improper use of prescription or over the counter medication?		✓
8	Were you ever treated for alcohol or drug addiction?		✓
9	Have you ever been violent towards others?		✓
10	Do you have a criminal record?		✓
11	Any mental, emotional or substance abuse problems among family members?		✓
12	Did you ever have a bad experience and still experience bad thoughts or nightmares about it?		✓
13	Did you hear or see things that others didn't see or hear?		✓
14	Do you often have thoughts that are not your own e.g. messages from God, the devil or evil spirits?		✓
15	Do you have special powers?		✓

CLINICAL EVALUATION	ABNORMAL	NORMAL
General Appearance		✓
Orientation		✓
Mannerism		✓
Attitude		✓
Thought		✓
Insight		✓
Judgement		✓

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CLINICAL EVALUATION

I declare JAKOBUS WILLEM BURGER psychologically fit to work in elevated positions.

Name: SR R RAMOUTT Signature: [signature]

Qualifications: O.H.N Date: 29-05-2018