



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 MICHAEL KELLY ROBERTS

ID No 79 07 07 5114 081

is fit to carry out duties with the following restrictions:

(Circle if applicable)

Nil: ☒

Other: ☐

This Certificate of fitness expires on 16.04.2019, being one year from date of examination.

Signed: [Signature]

Name: Dr Ramesur Maharaj

Date: 16.04.2018

R & R OCC HEALTH CENTRE
DR RAMESUR MAHARAJ
MBChB-UKZN DOH UKZN
46 JACARANDA CRESCENT, ISIPINGO HILLS, 4133
TEL: 031 902 1705 FAX: 088 031 902 1705
CELL: 093 291 4586 / 072 690 4085

Medical Certificate of Fitness

Name of Employee:

MICHEAL ROBERTS

ID Number:

790707 5114 08 1

Co. Number:

* Possible Exposure		* Job Specific Requirements										* Protective Equipment									
Eg. Noise, Heat, Fall Risk, Confined Spaces etc.		Eg. Operating Mobile Crane, Digging Trenches, Erecting Formwork & Supportwork etc.										Eg. Dust Respirator (Light Duty), Welding Gloves, etc.									
*Occupation	Noise Heat	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
Eg. General Worker, Welder, Bricklayer, Steel Fixer, Mobile Crane operator, etc.	All Risk																				
	Asbestos Removal																				
	Vibrations From																				
	Electrical Tools																				
	Dust Asbestos																				
	Normal Have																				
	Hold Dust																				
	Working at Heights																				
	Utilizing Mobile																				
	Elevated Work																				
	Platforms																				
	Scaffolding																				
	Ladders																				

* The Employer to complete the information in the spaces marked with an asterisk.

* 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 mentioned 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. R. R. Motif

Signature:

R. Pawel

Practice Number:

1505121

Address:

Date:

15/04/2018

MR MICHEAL KELLY ROBERTS - 790707511081

Birth date:	07/07/1979	Employed on:	04/16/2018	Baselined:
Company	MJ CHEATER INDUSTRIAL ROOFING		Contractor	
Department			8Hr. Rating Lev	
Area			NIHL ?	
Occupation	SAFETY MANAGER		Next Test:	04/16/2019

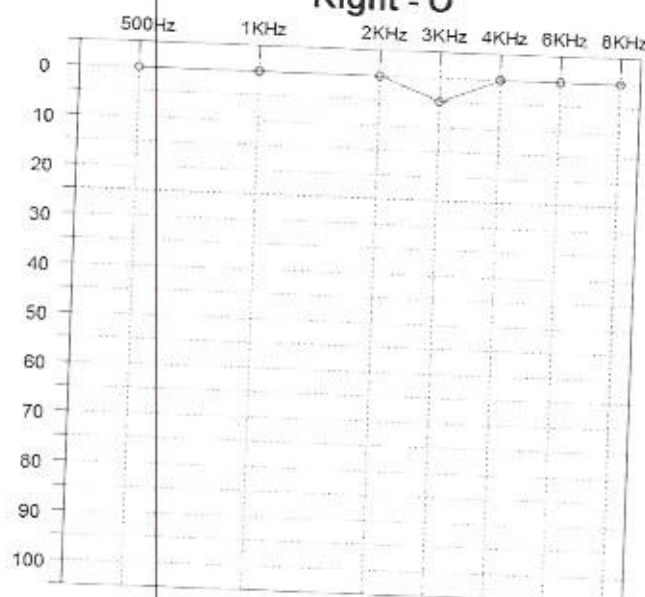
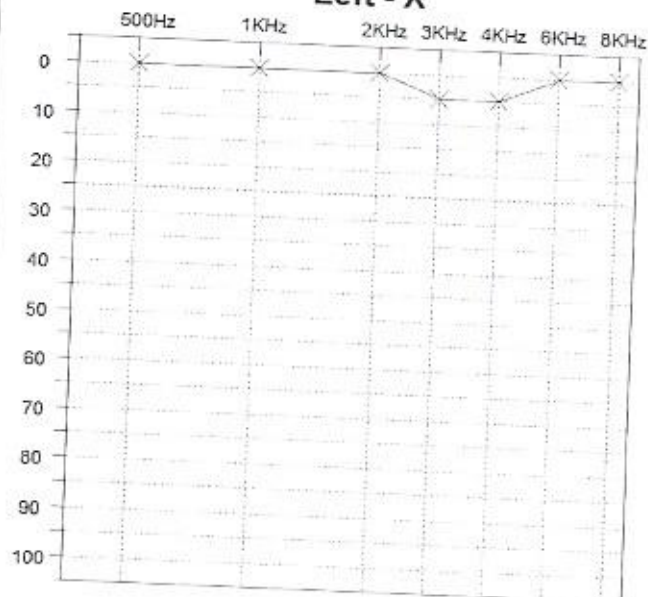
Screening Audiogram - 04/16/2018 12:35

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	04/16/2018	0	0	0	5	5	0	0	0	0	0	5	0	0	0	1.1	?	1.50	-		
	Screening	04/06/2017	10	20	15	20	15	15	5	20	0	10	20	20	20	20	1.9	?	15.00	-		
	Screening	03/02/2016	10	15	25	25	30	30	10	15	15	5	35	25	40	35	3.2	?	20.00	-		
	Screening	07/12/2011	20	15	25	30	30	15	10	15	15	15	35	30	25	45	4.2	?	23.00	-		

Tested By: Supervisor

Employee's Acceptance:

Please refer to the audiogram/s shown above

Employee Notes

--End of Document--

R & R OCC HEALTH CENTRE
 DR. RAMESH SUR MAHARAJ
 MACHILIPATNAM DISTRICT
 16 JACARANDA CRESCENT, ISIPINGO HILL S. 4133
 TEL: 031 302 1705 FAX: 031 302 1705
 CELL: 082 231 4586 / 072 690 4885

Pat-Name: **Robbarts-Kelly Michael**Pat-No: **7407075114081**

Case No.:

Born: 07.07.1974

Age: 43 Y

Sex: Male

Height: 188.0 cm

Weight: 123.0 kg

Ethnic: -

Indic:

Med:

Rem:

ECCS / Quanjer

Pred

PRE

Best

%Pred

Meas1

Meas2

Meas3

FVC

[l]

5.36

7.42

138

7.42

6.79

6.72

FEV 0.5

[l]

0.00

4.43

-

4.43

4.39

4.05

FEV 1.0

[l]

4.35

6.42

148

6.42

6.51

5.72

FEV 3.0

[l]

0.00

0.00

-

0.00

0.00

0.00

FEV 0.5/FVC

[%]

0

60

-

60

65

60

FEV 1.0/FVC

[%]

80

87

109

87

96

85

FEV 3.0/FVC

[%]

0

0

-

0

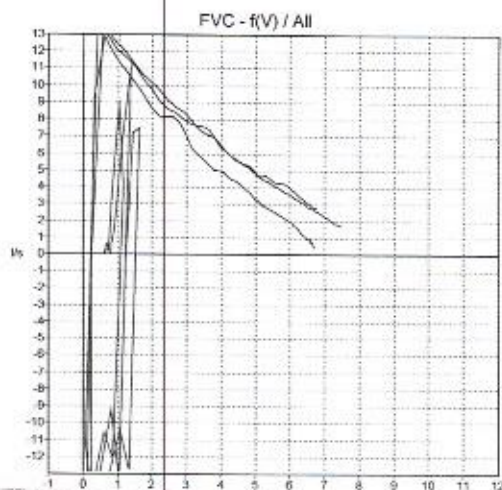
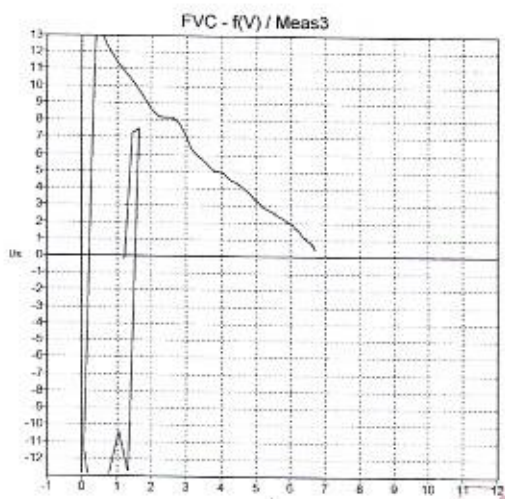
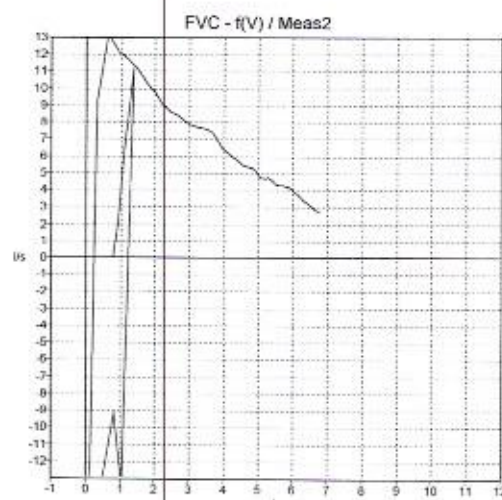
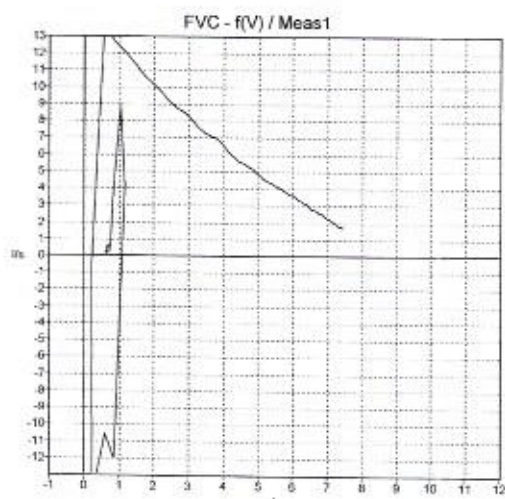
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Interpretation

Normal Condition

Validated by

R & B OCC HEALTH CENTRE
 DR. RAME SUR GANARAJ
 MOBILE: 9423 100110/11
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 CELL: 083 71 4586 / 072 011 4585

BUSHBUCKRIDGE
2491 T. Modderpoort Centre
5 Hospital Road
Bushbuckridge, 1200
Tel: 015 299 2310
Email: bushbuckridge@afri-rad.co.za

VERULAM
75 W. J. Street
Verulam, 4341
Tel: 032 931 1373
Mobile: 079 125 9816
Email: verulam@afri-rad.co.za

TAMEN
Afrika-Bok-Town
Wolfsburg Avenue R71
Trompsburg, 0550
Tel: 015 306 0098
Email: tamen@afri-rad.co.za

PROSPECTON
Silver Sand Bank Building (1st Floor)
21 Power Drive
Prospecton, 4133
Tel: 011 902 4133
Email: prospecton@afri-rad.co.za

PHITCWIN
Shop A, Morija Square
46 C.E.J. Mthembu Road
Phuthaditsoa, 3610
Tel: 011 729 2014
Email: phuthaditsoa@afri-rad.co.za

LADYSMITH
Shop 5071, Lady Smith Medical Centre
Machabane Street
Ladysmith, 3370
Tel: 036 631 0710
Email: ladysmith@afri-rad.co.za

PATIENT NAME: MR MICHAEL ROBERTS
DATE OF BIRTH: 07/07/1979
REFERRED BY: R&R OCCUPATIONAL HEALTH

25/04/2018

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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PR 1508121

MEDICAL EXAMINATION Micheal: K. Roberts 790707 5114 081			
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	86
Blood Pressure	111/76
Height (cm)	188
Weight (Kg)	123

URINALYSIS	YES	NO
Sugar		✓
Protein		✓
Blood		✓

INVESTIGATIONS		
INVESTIGATION	DONE	COMMENT
Audiometric Screening	✓	
Spirometry	✓	
EEG A x 3.	✓	
Vision - Keystone	-	
Vision - Snellen	✓	(R) 6/6 (L) 6/6 BOTH 6/6 WITH/WITHOUT CORRECTIVE LENSES
Chest X-ray	✓	
Blood Psy Ass	✓	

Examiner's Comment:

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

Signature: _____

Date: 16/04/2018

Place: _____

R & R OCC HEALTH CENTRE

DR RAMESUR MAHARAJ

MBCHB(UKZN) JOH'URG

46 JACARANDA CRESCENT, ISIPINGO HH 1 C

TEL: 031 902 1706 FAX: 083 031 2011

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Pk 1508121

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: Micheal. K. Robberts

Signature of employee: [Signature]

Date: 16/04/18

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 spaces?		☒
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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 CELL: 082 231 4586 / 072 000 4935

CLINICAL EVALUATION

I declare Mr Micheal. K. Robberts is psychologically fit to work in elevated positions.

Name: SR. R. Ramdutt

Signature: [Signature]

Qualifications: O.H.N

Date: 16/04/18