

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. THULANI MUZOYANI SIBIYA

ID No 7211105603084

is fit to carry out duties with the following restrictions:

(Circle if applicable)

☒ Nil:

Other: \_\_\_\_\_

This Certificate of fitness expires on 26.01.2019, being one year from date of examination.

Signed: \_\_\_\_\_

Name: Dr Ramesur Maharaj

Date: 26.01.2018

**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: 083 231 4586 / 072 690 4985  
08 1108121

Colin  
28/11/17  
30/5/18

Annexure 3  
OCCUPATIONAL HEALTH AND SAFETY ACT. 85 OF 1993

Construction Regulations. 2014

Medical Certificate of Fitness

Name of Employee: T.M SIBIYA

ID Number: 7211105603 08 4

Co. Number: \_\_\_\_\_

| *Occupation<br>Eg. General Worker,<br>Welder, Bricklayer,<br>Steel Fixer, Mobile<br>Crane operator, etc. | * Possible Exposure<br>Eg. Noise, Heat, Fall Risk, Confined Spaces etc. |          |                  |                 |                  |               |             |           |                    |                  |               |           | * Job Specific Requirements<br>Eg. Operating Mobile Crane, Digging<br>Trenches, Erecting Formwork &<br>Supportwork etc. |         |                        |                       |                       | * Protective<br>Equipment<br>Eg. Dust Respirator<br>(Light Duty), Welding<br>Gloves, etc. |                      |           |                |                 |                     |               |                        |                    |                    |           |             |          |  |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|----------|------------------|-----------------|------------------|---------------|-------------|-----------|--------------------|------------------|---------------|-----------|-------------------------------------------------------------------------------------------------------------------------|---------|------------------------|-----------------------|-----------------------|-------------------------------------------------------------------------------------------|----------------------|-----------|----------------|-----------------|---------------------|---------------|------------------------|--------------------|--------------------|-----------|-------------|----------|--|
|                                                                                                          | Noise Heat                                                              | All Risk | Asbestos Removal | Vibrations From | Electrical Tools | Dust Asbestos | Normal Have | 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 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) Sr. R. Ramdutt

Signature: Ramdutt

Practice Number: 1508121

Address: 45 JACARANDA CRESCENT, ISIPINGO HILLS, 4133

Date: 30/01/2018

**R & R OCC HEALTH CENTRE**

DR RAMESUR MANARAJ

MSCHB-UKZN DOM UKZN

45 JACARANDA CRESCENT, ISIPINGO HILLS, 4133

TEL: 031 902 1705 FAX: 088 031 902 1705

CELL: 083 231 4566 ; 072 600 4805

PR 1508121

MR THULANI MUZOYANI SIBIYA - 7211105603084

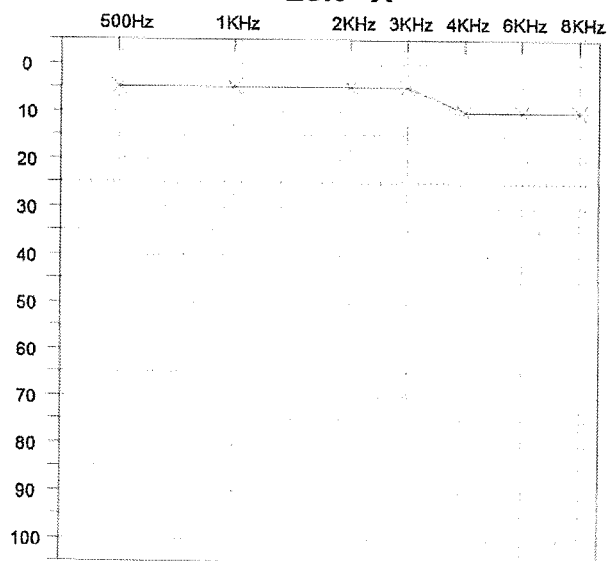
|             |                               |                 |            |            |  |
|-------------|-------------------------------|-----------------|------------|------------|--|
| Birth date: | 11/10/1972                    | Employed on:    | 01/26/2018 | Baselined: |  |
| Company     | MJ CHEATER INDUSTRIAL ROOFING | Contractor      |            |            |  |
| Department  |                               | 8Hr. Rating Lev |            |            |  |
| Area        |                               | NIHL ?          |            |            |  |
| Occupation  | ROOFING                       | Next Test:      | 01/21/2019 |            |  |

Screening Audiogram - 01/26/2018 10:07

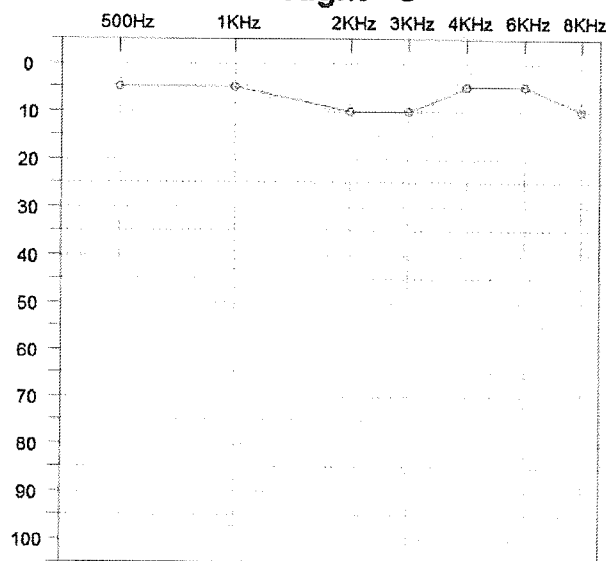
Interacoustics AS216 Serial Number - 758150

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 | 01/26/2018 | 5    | 5  | 5  | 5  | 10 | 10 | 10 | 5   | 5     | 10 | 10 | 5  | 5  | 10 | 1.1 | ? | 6.50  | -         |      |               |
|             | Screening | 01/23/2017 | 15   | 5  | 10 | 15 | 10 | 25 | 30 | 15  | 15    | 15 | 20 | 10 | 15 | 15 | 1.2 | ? | 13.00 | -         |      |               |
|             | Screening | 03/17/2014 | 10   | 10 | 5  | 10 | 15 | 10 | 20 | 10  | 0     | 15 | 10 | 15 | 10 | 20 | 1.1 | ? | 10.00 | -         |      |               |
|             | Screening | 07/05/2010 | 25   | 5  | 5  | 5  | 15 | 15 | 30 | 20  | 10    | 5  | 10 | 20 | 0  | 15 | 2.0 | ? | 12.00 | -         |      |               |

Tested By: Supervisor

Employee's Acceptance: *TW*

Please refer to the audiogram/s shown above

Employee Notes

--End of Document--

**R & R OCC HEALTH CENTRE**  
 DR RAMESUR MAHARAJ  
 M0CHB-UKZN DOH UKZN  
 46 JACARANDA CRESCENT, ISIPINGO HILLS, 4133  
 TEL: 031 902 1705 FAX: 083 031 902 1705  
 CELL: 083 231 4586 / 072 690 4985  
 P# 1598121

Pat-Name: **Sibiya Thulani**Pat-No: **7211105603084**

Case No.:

Born: 10.11.1972

Age: 45 Y

Sex: Male

Height: 170.0 cm

Weight: 87.0 kg

Ethnic: -

Indic:

Med:

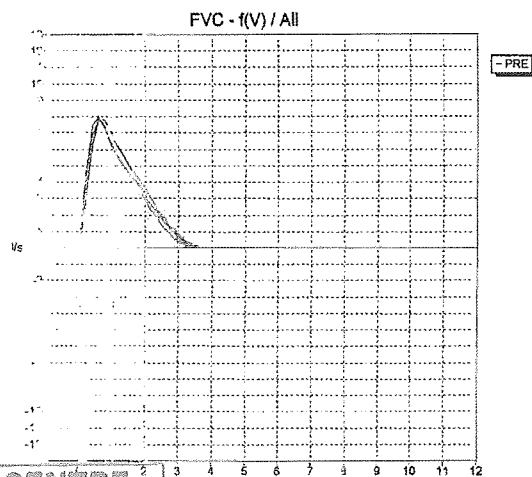
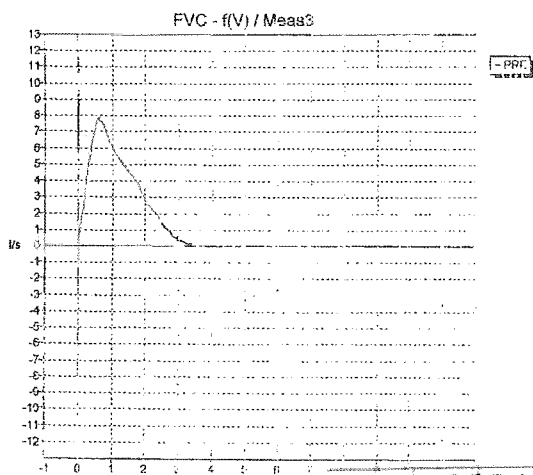
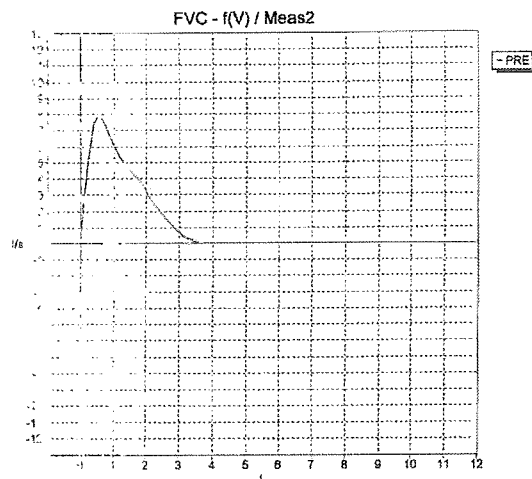
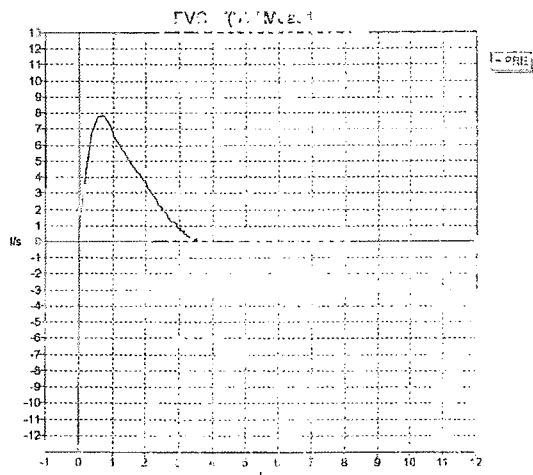
Rem:

|             | ECCS / Quanjer | Pred | PRE Best | %Pred | Meas1 | Meas2 | Meas3 |
|-------------|----------------|------|----------|-------|-------|-------|-------|
| FVC         | [ L ]          | 4.27 | 3.56     | 83    | 3.56  | 3.59  | 3.44  |
| FEV 0.5     | [ L ]          | 0.00 | 2.42     | -     | 2.42  | 2.34  | 2.30  |
| FEV 1.0     | [ L ]          | 3.52 | 3.06     | 87    | 3.06  | 2.97  | 2.86  |
| FEV 3.0     | [ L ]          | 0.00 | 3.51     | -     | 3.51  | 3.52  | 3.35  |
| FEV 0.5/FVC | [ % ]          | 0    | 68       | -     | 68    | 65    | 67    |
| FEV 1.0/FVC | [ % ]          | 79   | 86       | 108   | 86    | 83    | 83    |
| FEV 3.0/FVC | [ % ]          | 0    | 99       | -     | 99    | 98    | 98    |

**Interpretation**

Normal Condition

Validated by

*T.M.***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: 083 231 4586 / 072 690 4985

PR 1509121

# armi

## AfriRad Medical Imaging

Pr. No. 0521523

Diagnostic Radiologists

Co. Reg. No. 2014/024604/21  
VAT No. 4820287568

**BUSHBUCKRIDGE**  
Shop 1, Matunga Centre  
5 Hospital Road  
Bushbuckridge, 1280  
Tel: 013 799 2310  
Email: bushbuck@afirad.co.za

**VERULAM**  
75 Wick Street  
Verulam, 4340  
Tel: 032 333 1373  
Mobile: 079 125 9816  
Email: verulam@afirad.co.za

**TZANEEN**  
Meridina Tzaneen  
Wolberg Avenue R71  
Tzaneen, 0850  
Tel: 015 306 0098  
Email: tzaneen@afirad.co.za

**PROSPECTON**  
Standard Bank Building (1st Floor)  
21 Power Drive  
Prospecton, 4133  
Tel: 031 902 4133  
Email: prospecton@afirad.co.za

**PINETOWN**  
Shop 6, Murray Square  
44 Old Main Road  
Pinetown, 3610  
Tel: 031 702 5014  
Email: pinetown@afirad.co.za

**LADYSMITH**  
Shop B271, Ladysmith Medical Centre  
Murchison Street,  
Ladysmith, 3370  
Tel: 036 451 0910  
Email: ladysmith@afirad.co.za

26/01/2018

**PATIENT NAME:** MR THULANI SBIYA  
**DATE OF BIRTH:** 10/11/1972  
**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.  
No mediastinal masses present.  
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.

*Kajee*

**DR SHUAIB KAJEE**  
**FC Rad Diag(SA)**

**R & R OCC HEALTH CENTRE**  
DR RAMESUR MAHARAJ  
M8CHB-UKZN DOH UKZN  
46 JACARANDA CRESCENT, ISIPINGO HILLS, 4133  
TEL: 031 902 1705 FAX: 088 031 902 1705  
CELL: 083 231 4588 / 072 690 4985  
PR 1508121

| MEDICAL EXAMINATION                  |        |          |                        |
|--------------------------------------|--------|----------|------------------------|
| ITHUMI SIBIYA - 721110 3603 084      |        |          |                        |
| 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                 | 70     |
| Blood Pressure        | 136/78 |
| Height (cm)           | 170    |
| Weight (Kg)           | 87     |
|                       |        |
|                       |        |

| URINALYSIS | YES | NO |
|------------|-----|----|
| Sugar      |     | ✓  |
| Protein    |     | ✓  |
| Blood      |     | ✓  |
|            |     |    |

| INVESTIGATIONS        |      |                                                         |
|-----------------------|------|---------------------------------------------------------|
| INVESTIGATION         | DONE | COMMENT                                                 |
| Audiometric Screening | ✓    |                                                         |
| Spirometry            | ✓    |                                                         |
| ECG A23               | ✓    |                                                         |
| Vision - Keystone     | -    |                                                         |
| Vision - Snellen      | ✓    | (R) 6/6 (L) 6/6 BOTH 6/6 WITH/WITHOUT CORRECTIVE LENSES |
| Chest X-ray           | ✓    |                                                         |
| Blood Pay Agg         | ✓    |                                                         |

|                                                           |                                                                                                                                                                                                                   |                           |
|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| Examiner's Comment:                                       | <b>R &amp; R OCC HEALTH CENT</b><br>DR RAMESUR MAHARAJ<br>WECHS UKZN JOH UKZN<br>46 JACARANDA CRESCENT, ISIPINGO HILLS<br>TEL: 031 902 1705 FAX: 088 031 902 1705<br>CELL: 083 231 4586 / 072 690 4985<br>1508121 |                           |
| I CERTIFY THAT THE ABOVE PERSON IS FIT / NOT FIT FOR DUTY |                                                                                                                                                                                                                   |                           |
| Signature: <i>[Signature]</i>                             | Date: 26/01/2018                                                                                                                                                                                                  | Place: <i>[Signature]</i> |

# **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: THULANI SIBIYA Signature of employee: T. Sibiya  
Date: 26-01-2018 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 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          |          | ✓      |

**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: 083 231 4586 / 072 690 4985

## **CLINICAL EVALUATION**

I declare THULANI SIBIYA is psychologically fit to work in elevated positions.

Name: GR. R. RAMDUTT Signature: [Signature]

Qualifications: O.H.N. Date: 26-01-2018