



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. SIMPHWE SITHEMBISO MNGUNI

ID No 9211085981086

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: [Signature]

Name: Dr Ramesur Maharaj

Date: 26.01.2018

R & R OCC HEALTH CENTRE
DR RAMESUR MAHARAJ
MBCHB-UKZN DCH UKZN
46 JACARANDA CRESCENT, ISIPINGO HILLS, 4133
TEL: 031 902 1705 FAX: 088 031 902 1705
CELL: 083 231 4586 / 072 690 4985
RR 1508121

02/05/17
02/05/17
02/05/17

Annexure 3
OCCUPATIONAL HEALTH AND SAFETY ACT. 85 OF 1993

Construction Regulations. 2014

Medical Certificate of Fitness

Name of Employee: S.S MNGUNI ID Number: 921108 5981 08 6 Co. Number: _____

*Occupation Eg. General Worker, Welder, Bricklayer, Steel Fixer, Mobile Crane operator, etc.	* 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.
Eg. General Worker, Welder, Bricklayer, Steel Fixer, Mobile Crane operator, etc.	Noise Heat		Hard hat
	All Risk		Scaffolding
	Asbestos Removal		Forms and
	Vibrations From		elevated Work stat
	Electrical Tools		Training on Mobile
	Dust Asbestos		Gloves, Safety glasses
	Normal Have		P3 Respirator
	Hold Dust		Disposable Overalls
	Working at Heights		Steel Cap Boots
	Utilizing Mobile		Safety Harness
	Scaffolding	Equipment	
	Platforms	Utilizing Electrical	
	Elevated Work	Working At Heights	
	Ladders	Sheeting and Asbestos	
		Removing Old Roof She	
		Installing Roof Sheets	

* 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) Dr. R. Ramdutt

Signature: [Signature] Practice Number: 1508121

Date: 20/01/2018

Address: 45 Jacaranda Crescent, Spring Hill, 4133

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PR 1508121

MR SIMPHIWE SITHEMBISO MNGUNI - 9211085981086

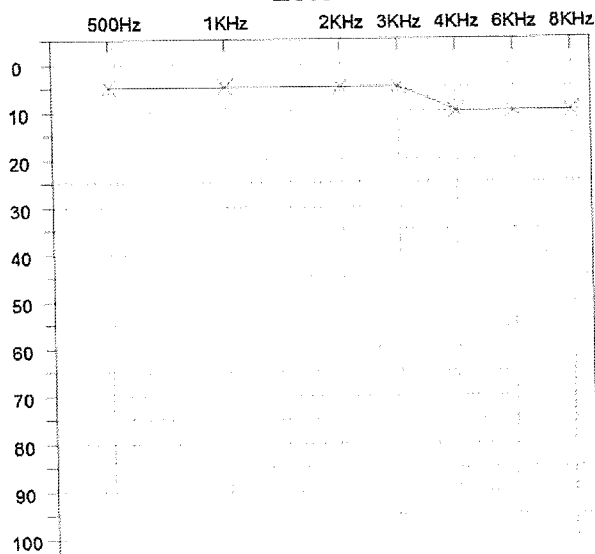
Birth date:	11/08/1992	Employed on:	01/26/2018	Baselined:	
Company	MJ CHEATER INDUSTRIAL ROOFING	Contractor			
Department		8Hr. Rating Level			
Area		NIHL ?			
Occupation	ROOFING	Next Test:	01/24/2019		

Screening Audiogram - 01/26/2018 09:56

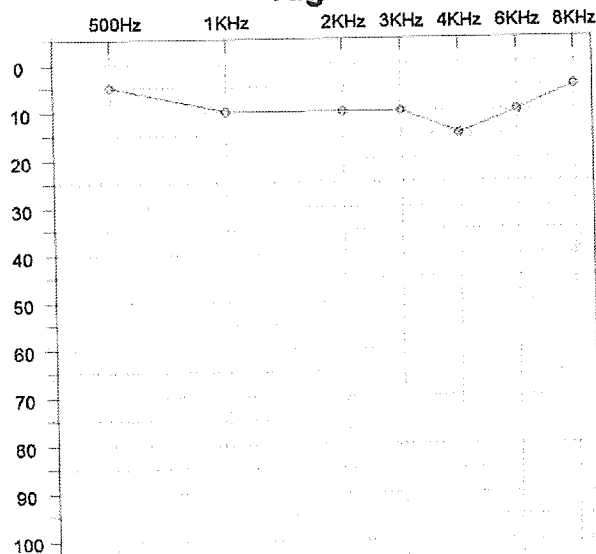
Interacoustics AS216 Serial Number - 758150

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	10	10	10	15	10	5	1.1	?	8.00	-		
	Screening	01/26/2018	5	5	5	5	10	10	10	5	10	10	10	15	10	5	1.1	?	8.00	-		
	Screening	01/23/2017	0	5	0	5	10	10	0	5	10	10	25	20	10	0	1.4	?	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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 PR 1508121

Pat-Name: **Mnguni-Sithembiso Simphiwe**Pat-No: **9211085981086**

Case No.:

Born: 08.11.1992

Age: 25 Y

Sex: Male

Height: 174.0 cm

Weight: 73.0 kg

Ethnic:

Indic:

Med:

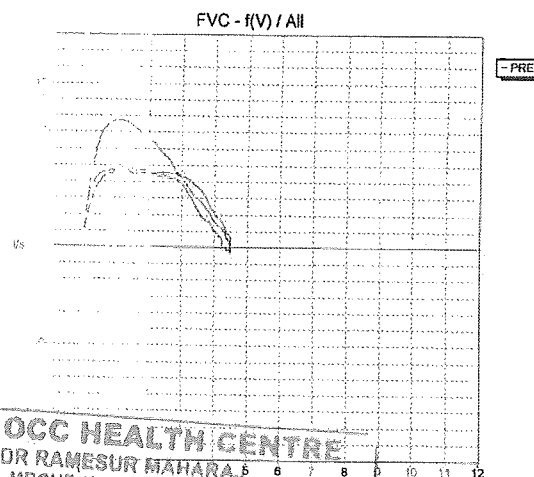
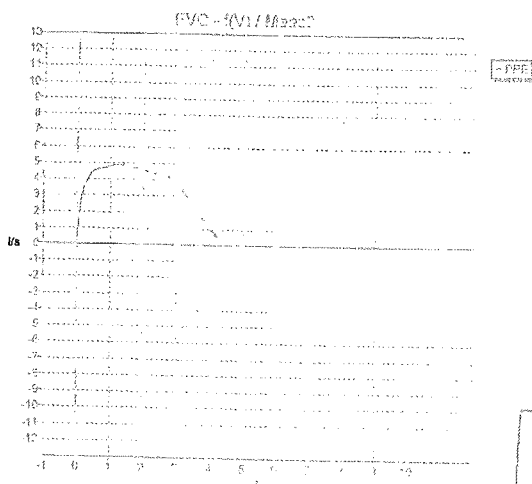
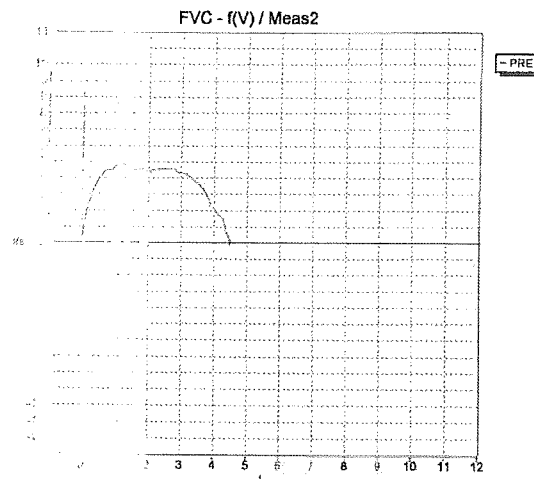
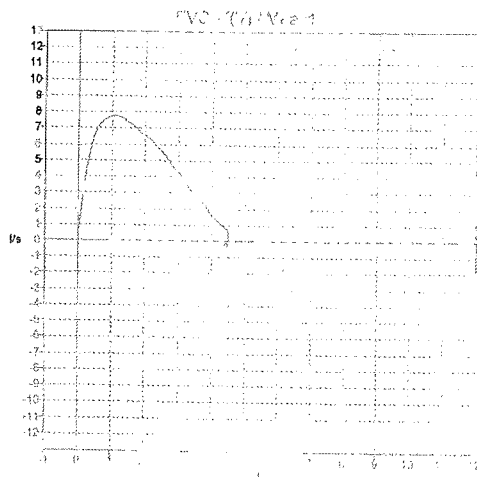
Rem:

	ECGS / Quanjer	Pred	PRE Best	%Pred	Meas1	Meas2	Meas3
FVC	[L]	5.02	4.52	90	4.52	4.53	4.26
FEV 0.5	[L]	0.00	3.16	-	3.16	2.35	2.38
FEV 1.0	[L]	4.27	4.23	99	4.23	4.09	3.82
FEV 3.0	[L]	0.00	0.00	-	0.00	0.00	0.00
FEV 0.5/FVC	[%]	0	70	-	70	52	56
FEV 1.0/FVC	[%]	83	93	113	93	90	90
FEV 3.0/FVC	[%]	0	0	-	0	0	0

Interpretation

Normal Condition

Validated by



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

VERULAM
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Verulam, 4340
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Mobile: 079 125 9814
Email: verulam@afirad.co.za

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Mn. B. B. Tsaneen
Wolburg Avenue R71,
Tsaneen, 0850
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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: 031 703 2014
Email: pinetown@afirad.co.za

LADYSMITH
Shop 5271, Ladysmith Medical Centre
Murchison Street,
Ladysmith, 3570
Tel: 036 631 5210
Email: ladysmith@afirad.co.za

26/01/2018

PATIENT NAME: MR SIMPHIWE MNGUNI
DATE OF BIRTH: 08/11/1992
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.

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

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MEDICAL EXAMINATION <i>Simphiwe S. Mnguni</i> 921108 5981-086			
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	113/70
Height (cm)	174
Weight (Kg)	73

URINALYSIS	YES	NO
Sugar		✓
Protein		✓
Blood		✓

INVESTIGATIONS		
INVESTIGATION	DONE	COMMENT
Audiometric Screening	✓	
Spirometry	✓	
ECG <i>Rx3</i>	✓	
Vision - Keystone	✓	
Vision - Snellen	✓	(R) 6/6 (L) 6/6 BOTH 6/6 WITH/WITHOUT CORRECTIVE LENSES
Chest X-ray <i>CLR</i>	✓	
Blood <i>Pay As</i>	✓	

Examiner's Comment: I CERTIFY THAT THE ABOVE PERSON IS FIT AND NOT FIT FOR DUTY Signature: <i>[Signature]</i> Date: <i>26/01/2018</i> Place: <i>[Signature]</i>	R & R OCC HEALTH CENTRE DR RAMESUR MAHARAJ MBCHB-UKZN DOH UKZN 46 JACARANDA CRESCENT, ISIPINGO HILLS, K. TEL 031 902 1705 FAX 088 031 902 1705 CELL 083 231 4586 072 690 4985 R 1598121
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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: Simphiwe S. Mguni Signature of employee: [Signature]

Date: 26/01/18 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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P.O. BOX 121

CLINICAL EVALUATION

I declare Mr Simphiwe S. Mguni is psychologically fit to work in elevated positions.

Name: DR. R. Randolf Signature: [Signature]

Qualifications: O.H.N. Date: 26/01/18