



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 BONGA PERSUAL MANKEBE

ID No 9010025502089

is fit to carry out duties with the following restrictions:

(Circle if applicable)

☒ Nil:

Other: _____

This Certificate of fitness expires on 12.03.2019, being one year from date of examination.

Signed: _____

Name: Dr Ramesur Maharaj

Date: _____

12.03.2018

R & R OCC HEALTH CENTRE

DR RAMESUR MAHARAJ

MBCHB-UKZN DOH UKZN

5 JACARANDA CRESCENT, ISIPINGO HILLS, 4133

TEL 031 902 1705 FAX: 088 031 902 1705

CELL: 083 231 4586 / 072 690 4985

PP 1508121

Annexure 3

OCCUPATIONAL HEALTH AND SAFETY ACT. 85 OF 1993

Construction Regulations. 2014

Medical Certificate of Fitness

Name of Employee:

B.P. MANKEBE

ID Number:

901002 5502 08 9

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	Installing Roof Sheets	Safety Harness
	All Risk	Removing Old Roof She	Steel Cap Boots
	Asbestos Removal	Sheeting and Asbestos	Disposable Overalls
	Vibrations From	Working At Heights	P3 Respirator
	Electrical Tools	Utilizing Electrical	Gloves, Safety glasses
	Dust Asbestos	Equipment	Training on Mobile
	Normal Have		elevated Work stat
	Hold Dust		Forms and
	Working at Heights		Scaffolding
	Utilizing Mobile		Hard hat
	Elevated Work		
	Platforms		
	Scaffolding		
	Ladders		

* 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. Rametutt

Signature:

R.R. Rametutt

Practice Number:

1508121

Address:

45 JACARANDA CRESCENT, ISIPINGO HILLS, 4133

Date:

12/03/2018

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1508121

MR BONGA PERSIVAL MANKEBE - 9010025502089

Birth date:	10/02/1990	Employed on:	03/12/2018	Baselined:	
Company	MJ CHEATER INDUSTRIAL ROOFING		Contractor		
Department			8Hr. Rating Levl		
Area			NIHL ?		
Occupation	ROOFER		Next Test:	03/12/2019	

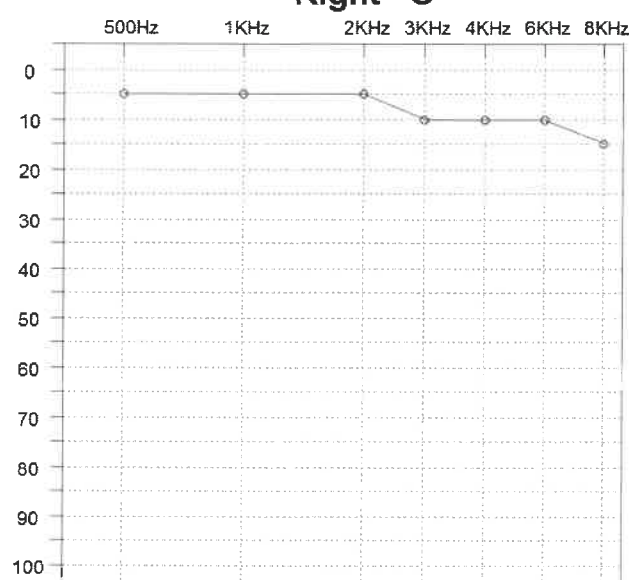
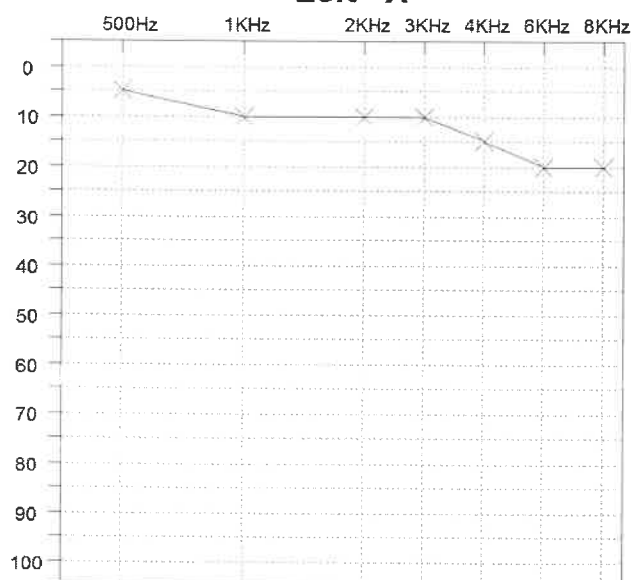
Screening Audiogram - 03/12/2018 08:35

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	03/12/2018	5	10	10	10	15	20	20	5	5	5	10	10	10	15	1.1	?	8.50	-		
	Screening	03/15/2017	15	10	10	5	15	20	15	15	5	20	20	20	25	20	1.5	?	13.50	-		
	Screening	01/18/2016	10	5	0	5	5	5	10	15	10	5	15	5	30	30	1.1	?	7.50	-		
	Screening	07/20/2011	10	10	5	10	15	15	20	5	5	15	10	10	10	5	1.1	?	9.50	-		

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: **Mankebe-Persival Bonga**Pat-No: **9010025502089**

Case No.:

Born: 02.10.1990

Age: 27 Y

Sex: Male

Height: 167.0 cm

Weight: 65.0 kg

Ethnic:

Indic:

Med:

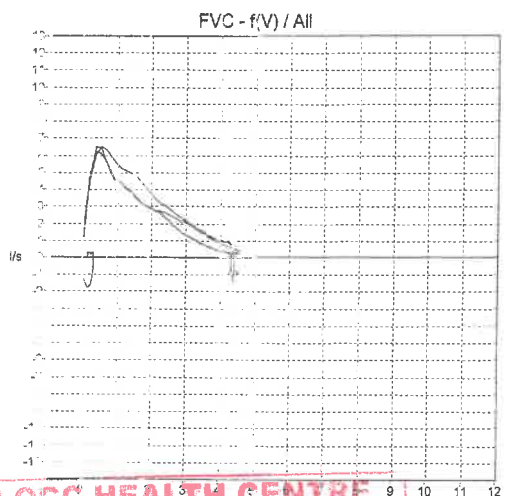
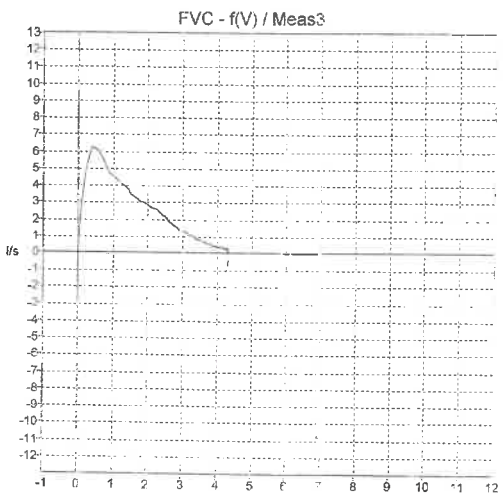
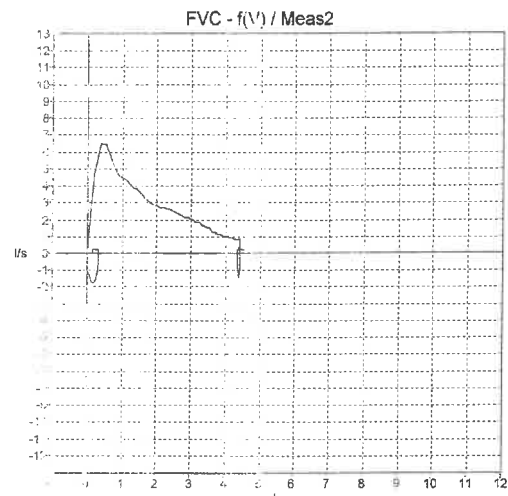
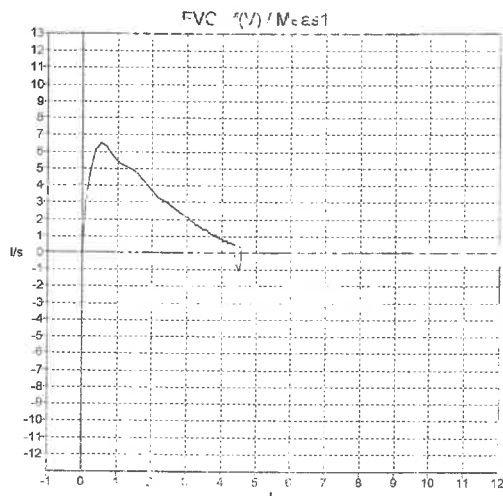
Rem:

	ECCS / Quanjer	Pred	PRE Best	%Pred	Meas1	Meas2	Meas3
FVC	[]	4.57	4.58	100	4.58	4.43	4.35
FEV 0.5	[]	0.00	2.38	-	2.38	2.10	2.09
FEV 1.0	[]	3.91	3.44	88	3.44	3.23	3.03
FEV 3.0	[]	0.00	0.00	-	0.00	0.00	4.18
FEV 0.5/FVC	[%]	0	52	-	52	47	48
FEV 1.0/FVC	[%]	82	75	91	75	73	70
FEV 3.0/FVC	[%]	0	0	-	0	0	96

Interpretation

Normal Condition

Validated by



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DR RAMESUR MAHARAJ / SR. RENUKA RAMDUTT

46 JACARANDA CRESCENT

ISIPINGO HILLS

4133

COMPANY NAME: MJ CHEATER IND.

PATIENT NAME : MR. BONGA MANKEBE

ID NO : 900102 5502 089

AGE : 28 YRS OLD

SEX : MALE

Date Received : 12:03:2018

Date Resulted : 12:03:2018

TESTS ORDERED - Urine

RESULT

AMPHETAMINE

Negative

METHAMPHETAMINE

Negative

OPIATE

Negative

COCAINE

Negative

CANNABIS

Negative

A **negative result** indicates that the drug is not present or below the detectable level.

A **positive result** indicates that the drug level is above the minimum detectable level.

END OF RESULT

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BUSHBUCKRIDGE
Shop 1, Moshaga Centre
5 Hospital Road
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Tel: 015 799 2310
Email: bushbuck@afriad.co.za

VERULAM
75 Wick Street
Verulam, 4340
Tel: 032 233 1373
Mobile: 079 125 9816
Email: verulad@afriad.co.za

TZANEEN
Mediclinic Tzaneen
Wolkberg Avenue R71
Tzaneen, 0850
Tel: 015 306 0098
Email: tzaneen@afriad.co.za

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

PINETOWN
Shop 6, Marcy Square
44 Old Main Road
Pinetown, 3610
Tel: 031 702 2014
Email: pinetown@afriad.co.za

LADYSMITH
Shop 5271, Ladysmith Medical Centre
Murchison Street
Ladysmith, 3370
Tel: 036 631 0210
Email: ladysmith@afriad.co.za

12/03/2018

PATIENT NAME: MR BONGA MANKEBE
DATE OF BIRTH: 02/10/1990
REFERRED BY: R&R OCCUPATIONAL HEALTH

CHEST

Good chest expansion.

The trachea is central and the major airways patent.

The lung shadows appear normal. No confluent airspace opacification or focal lung nodules.

The heart, mediastinum and parahilar structures appear normal.

No retrocardiac densities. The cardiophrenic and costophrenic angles are clear.

The cardio-thoracic ratio is within normal limits.

No pleural effusions or pleural thickening.

Both hemi-diaphragms appear sharp with normal infra-diaphragmatic structures.

The breast shadows are symmetrical.

The bony elements and soft tissue of the thoracic cage appear normal.

Comment: Normal views of the patient's chest. No evidence for TB/pneumoconiosis.

Thank you for the referral.

Shuaib

DR SHUAIB KAJEE
FC Rad Diag(SA)
Radiology Associate

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MEDICAL EXAMINATION <i>Barry P. Minkles - 90102552009</i>			
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	74
Blood Pressure	100/60
Height (cm)	167
Weight (Kg)	65

URINALYSIS	YES	NO
Sugar		/
Protein		/
Blood		/

INVESTIGATIONS		
INVESTIGATION	DONE	COMMENT
Audiometric Screening	/	
Spirometry	/	
ECG <i>As 3</i>	/	
Vision - Keystone <i>As</i>	/	
Vision - Snellen	/	(R) 6/6 (L) 6/6 BOTH 6/6 WITH/WITHOUT CORRECTIVE LENSES
Chest X-ray	/	
Blood <i>ure</i>	/	5 Panel <i>Dr</i>

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 508121

Examiner's Comment:

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

Signature: *Barry P. Minkles* Date: *12/03/2018* Place: *Durban*

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: Bongani P. Mankabe

Signature of employee: [Signature]

Date: 12/03/2018

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 Bongani P. Mankabe is psychologically fit to work in elevated positions.

Name: Sr. R. Ramdutt

Signature: [Signature]

Qualifications: OTM

Date: 12/03/2018



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COCAINE

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CANNABIS

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A **negative result** indicates that the drug is not present or below the detectable level.

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END OF RESULT

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