



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. SANDISO MHLEKWA

ID No 8812195893086

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
46 JACARANDA CRESCENT, ISIPINGO HILLS, 4133
TEL: 031 902 1705 FAX: 088 031 902 1705
CELL: 083 231 4586 / 072 690 4985
PR 1508121

5/10/17
Ramesur
17-17-17
17-17-17

Annexure 3

OCCUPATIONAL HEALTH AND SAFETY ACT. 85 OF 1993

Construction Regulations, 2014

Medical Certificate of Fitness

Name of Employee:

S. MHLEKWA

ID Number:

881219 5893 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.
	Noise Heat	Installing Roof Sheets	Safety Harness
	Asbestos Removal	Removing Old Roof She	Steel Cap Boots
	All Risk	Sheeting and Asbestos	Disposable Overalls
	Working at Heights	Working At Heights	P3 Respirator
	Hold Dust	Utilizing Electrical	Gloves, Safety glasses
	Normal Have	Equipment	Training on Mobile
	Electrical Tools		elevated Work stat
	Dust Asbestos		Forms and
	Vibrations From		Scaffolding
	Asbestos Removal		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:

R. Ramdutt

Practice Number:

1508121

Address:

46 Jacaranda Crescent, Isipingo Hills, 4133

Date:

12/03/2018

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REG. 1708174

MR SANDISO MHLEKWA - 8812195893086

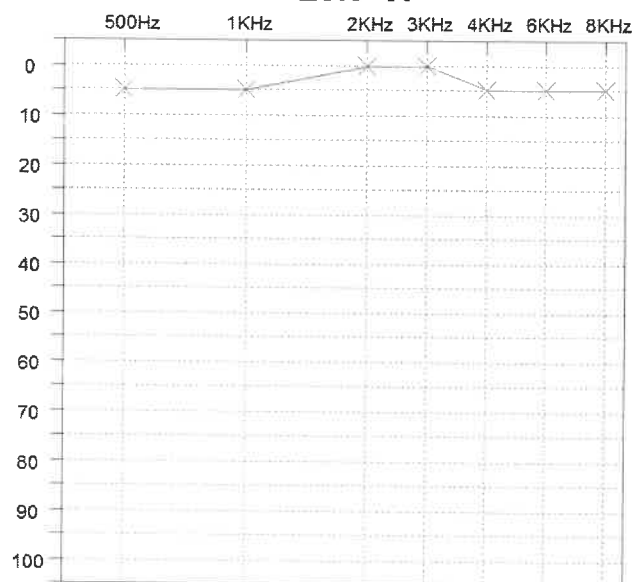
Birth date:		Employed on:	03/12/2018	Baselined:	
Company	MJ CHEATER INDUSTRIAL ROOFING	Contractor			
Department		8Hr. Rating Lev			
Area		NIHL ?			
Occupation	ROOFING	Next Test:	03/12/2019		

Screening Audiogram - 03/12/2018 08:41

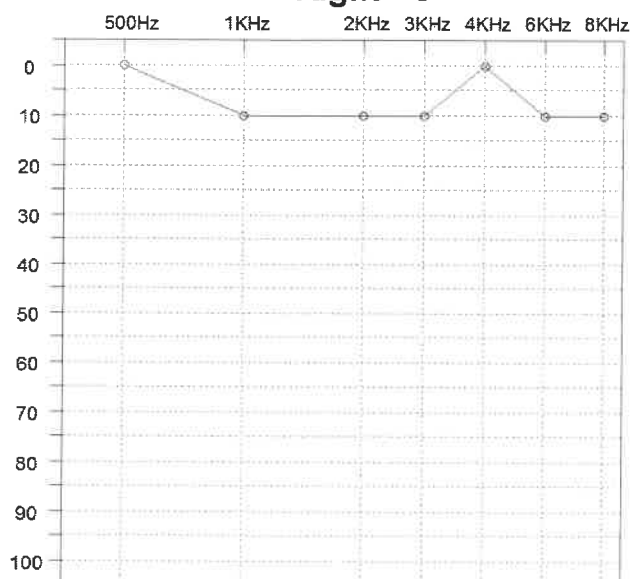
Interacoustics AS216 Serial Number - 758150

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	5	0	0	5	5	5	0	10	10	10	0	10	10	1.1	?	4.50	-		

Tested By: Supervisor

Employee's Acceptance:

Please refer to the audiogram/s shown above

Employee Notes

--End of Document--

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Pat-Name: **Mhlelewa Sandiso**Pat-No: **8812195893086**

Case No.:

Born: 19.12.1988

Age: 29 Y

Sex: Male

Height: 166.0 cm

Weight: 56.0 kg

Ethnic:

Indic:

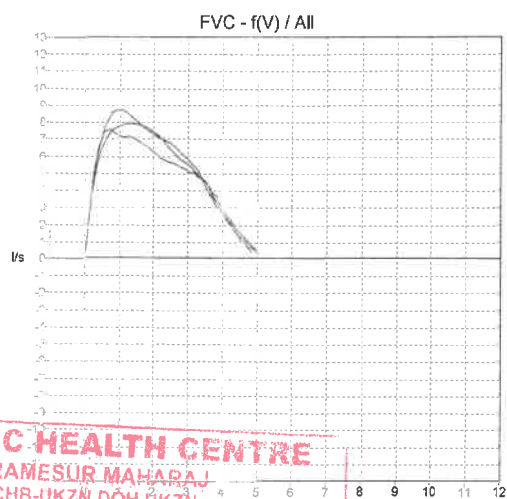
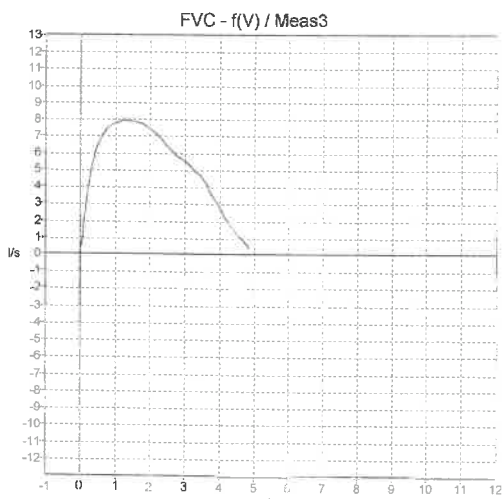
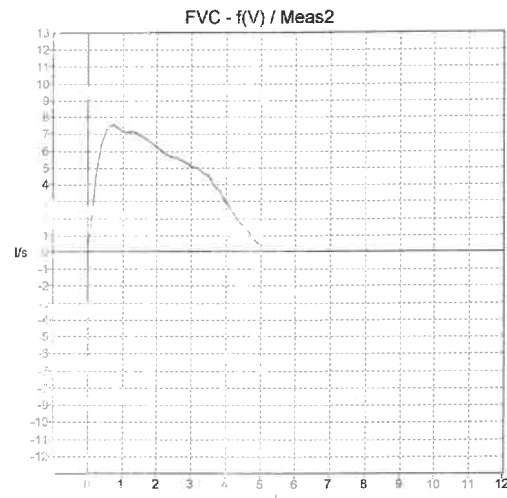
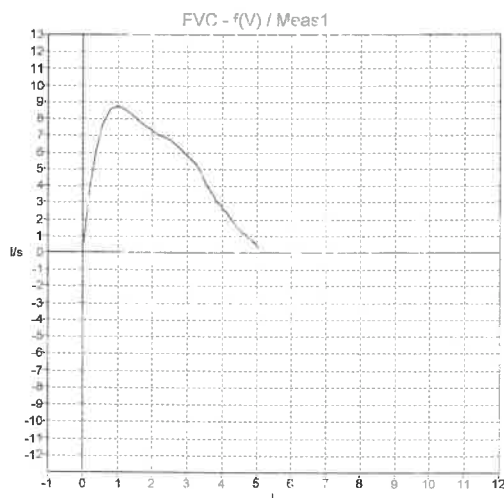
Med:

Rem:

	ECCS / Quanjer	Pred	PRE Best	%Pred	Meas1	Meas2	Meas3
FVC	[L]	4.46	5.05	113	5.05	4.96	4.88
FEV 0.5	[L]	0.00	3.51	-	3.51	3.19	3.41
FEV 1.0	[L]	3.81	4.60	121	4.60	4.58	4.55
FEV 3.0	[L]	0.00	0.00	-	0.00	0.00	0.00
FEV 0.5/FVC	[%]	0	70	-	70	64	70
FEV 1.0/FVC	[%]	82	91	111	91	92	93
FEV 3.0/FVC	[%]	0	0	-	0	0	0

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. SANDISO MHLEKWA

ID NO : 881219 5893 086

AGE : 30 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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Diagnostic Radiologists

Pr. No. 0521523

Co. Reg. No. 2014/024904/21
VAT No. 4620267569

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Shop 1, Mashaga Centre
5 Hospital Road
Bushbuckridge, 1280
Tel: 013 799 2310
Email: bushbuck@afriRad.co.za

VERULAM
75 Wick Street
Verulam, 4340
Tel: 032 933 1373
Mobile: 079 125 9816
Email: verulam@afriRad.co.za

TZANEEN
Mediclinic Tzaneen
Wolkeberg Avenue R71,
Tzaneen, 0800
Tel: 015 304 0098
Email: tzaneen@afriRad.co.za

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

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

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

12/03/2018

PATIENT NAME: MR SANDISO MHLEKWA
DATE OF BIRTH: 19/12/1988
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.

DR SHUAIB KAJEE
FC Rad Diag(SA)
Radiology Associate

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MEDICAL EXAMINATION <i>SANDISO MALEKWA - 881219 5893 086</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	<i>58</i>
Blood Pressure	<i>101/64</i>
Height (cm)	<i>66</i>
Weight (Kg)	<i>56</i>

URINALYSIS	YES	NO
Sugar		/
Protein		/
Blood		/

INVESTIGATIONS			
INVESTIGATION	DONE	COMMENT	
Audiometric Screening	/		
Spirometry	/		
ECG <i>12x3</i>	/		
Vision - Keystone <i>line</i>	/	<i>5 Puncta Dr 1st</i>	
Vision - Snellen	/	(R) <i>6/6</i>	(L) <i>6/6</i> BOTH <i>6/6</i> WITH/WITHOUT CORRECTIVE LENSES
Chest X-ray <i>2 sy 2x</i>	/		
Blood <i>Chest X-ray</i>	/		

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 MBCHB UKZN DON UKEW
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 PR 1508121

Examiner's Comment:

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

Signature: *[Signature]* Date: *12/03/2018* Place: *[Signature]*

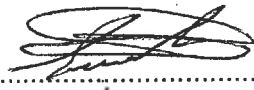
PSYCHOLOGICAL ASSESSMENT FOR EMPLOYEES WORKING IN ELEVATED POSITION, CONTAINED SPACES AND MACHINE OPERATORS.

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.

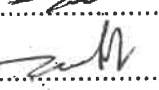
CONSENT

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

Name: SANDISO MHEKWA

Signature of employee: 

Date: 12-03-2018

Witness: 

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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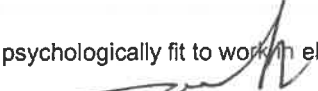
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CELL: 083 231 4586 / 072 690 4985

CLINICAL EVALUATION

I declare SANDISO MHEKWA is psychologically fit to work in elevated positions.

Name: SR. R. RAMDUTT

Signature: 

Qualifications: O.H.N

Date: 12-03-2018



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