



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. MGIJINYELWA MAPHUMULO

ID No 8103135478083

is fit to carry out duties with the following restrictions:

(Circle if applicable)

☒ Nil: _____

Other: _____

This Certificate of fitness expires on 25.01.2019, being one year from date of examination.

Signed: 

Name: Dr Ramesur Maharaj

Date: 25.01.2018

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
PR 1508121

05/08/2018

Annexure 3

OCCUPATIONAL HEALTH AND SAFETY ACT. 85 OF 1993

Construction Regulations. 2014

Medical Certificate of Fitness

Name of Employee:

M. MAPHUMULO

ID Number:

810313 5478 08 3

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

* 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:

Practice Number:

1508/21

Address:

46 JACARANDA CRESCENT, ISIPINGO HILLS, 4133

Date:

25/01/2018

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MR MGJINYELWA MAPHUMULO - 8103135478083

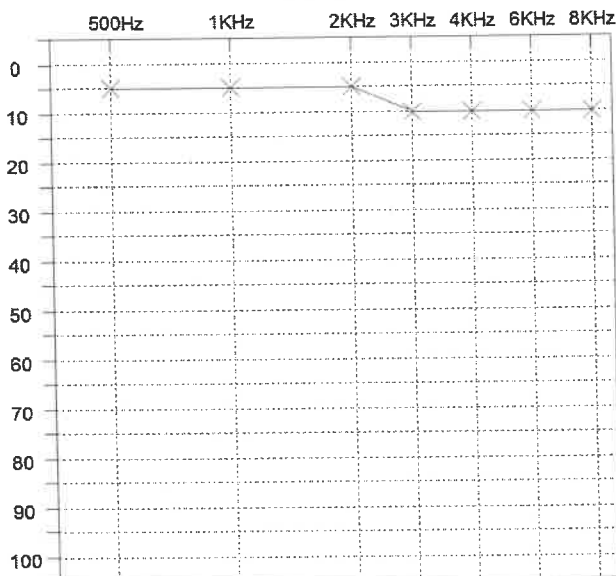
Birth date:	03/13/1981	Employed on:	01/25/2018	Baselined:	
Company	MJ CHEATER INDUSTRIAL ROOFING		Contractor		
Department			8Hr. Rating Level		
Area			NIHL ?		
Occupation	SHEETING		Next Test:	01/25/2019	

Screening Audiogram - 01/25/2018 09:58

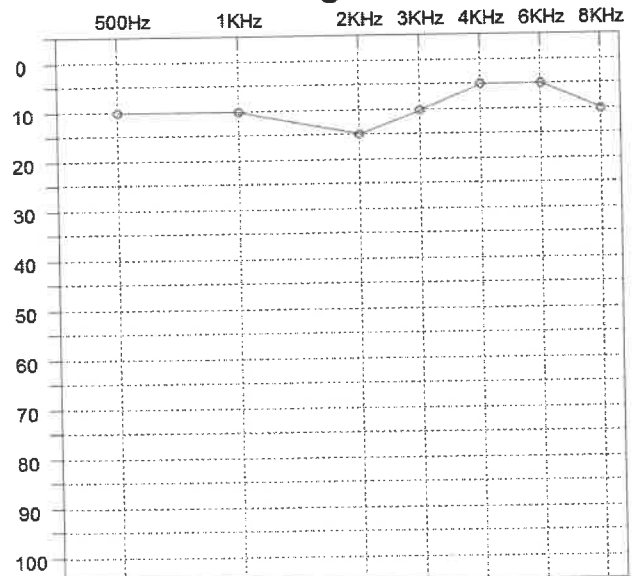
Interacoustics AS216 Serial Number - 758150

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	01/25/2018	5	5	5	10	10	10	10	10	10	15	10	5	5	10	1.1	?	8.50	-		

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: **Maphumulo Mgijinyelwa**Pat-No: **8103135478083**

Case No.:

Born: 13.03.1981

Age: 36 Y

Sex: Male

Height: 168.0 cm

Weight: 64.0 kg

Ethnic: -

Indic:

Med:

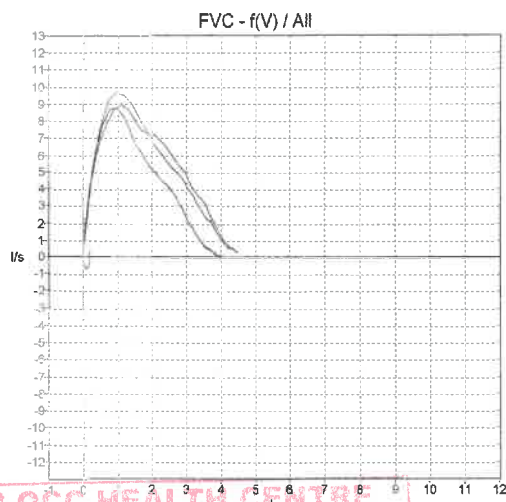
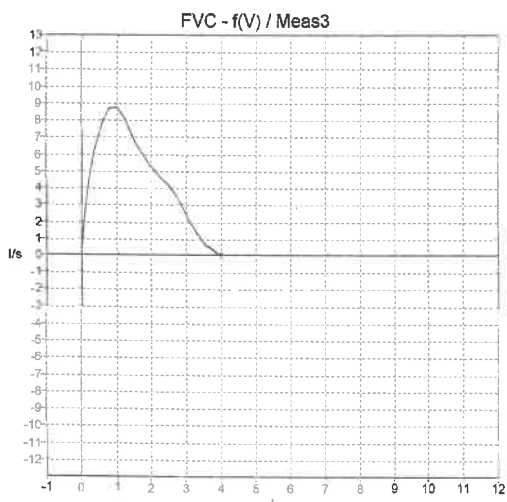
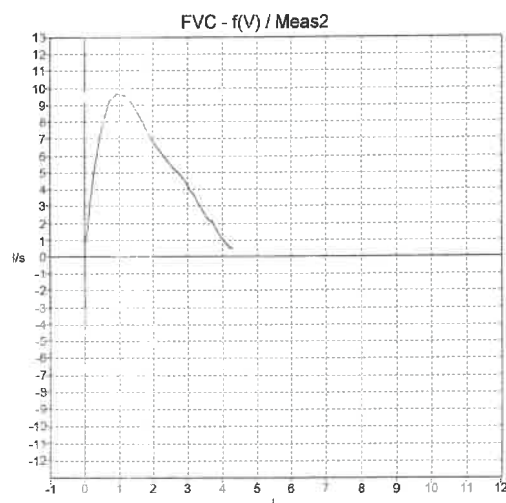
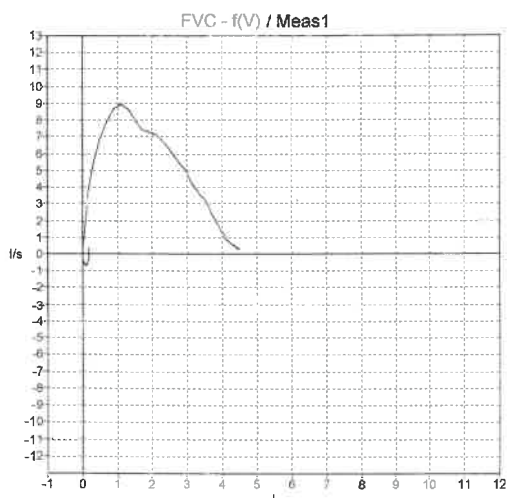
Rem:

	ECCS / Quanjer	Pred	PRE Best	%Pred	Meas1	Meas2	Meas3
FVC	[l]	4.39	4.50	102	4.50	4.32	3.99
FEV 0.5	[l]	0.00	3.35	-	3.35	3.30	2.89
FEV 1.0	[l]	3.69	4.18	113	4.18	4.11	3.54
FEV 3.0	[l]	0.00	0.00	-	0.00	0.00	3.96
FEV 0.5/FVC	[%]	0	74	-	74	76	72
FEV 1.0/FVC	[%]	81	93	115	93	95	89
FEV 3.0/FVC	[%]	0	0	-	0	0	99

Interpretation

Normal Condition

Validated by



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 012 35 3124

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

VERULAM
75 Wick Street
Verulam, 4540
Tel: 033 233 1373
Mobile: 079 125 9816
Email: verulam@afirad.co.za

TZANEEN
Mediclinic Tzaneen
Wolfsberg 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 2014
Email: pinetown@afirad.co.za

LADYSMITH
Shop 5271, Ladysmith Medical Centre
Murchison Street,
Ladysmith, 3570
Tel: 036 631 0210
Email: ladysmith@afirad.co.za

25/01/2018

PATIENT NAME: MR MGIJINYELWA MAPHUMULO
DATE OF BIRTH: 13/03/1981
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)

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DR RAMESUR MAHARAJ / SR. RENUKA RAMDUTT

46 JACARANDA CRESCENT
ISIPINGO HILLS
4133

COMPANY NAME: MJ CHEATER IND.

PATIENT NAME : MR. MGIJINYLWA MAPHUMULO

ID NO : 810313 5478 082

AGE : 36 YRS OLD

SEX : MALE

Date Received : 25:01:2018

Date Resulted : 25:01:2018

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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MEDICAL EXAMINATION *Maphumulo MGIJNYELWA 8/03/2018 5478083*

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>98</i>
Blood Pressure	<i>110/77</i>
Height (cm)	<i>168</i>
Weight (Kg)	<i>64</i>

URINALYSIS	YES	NO
Sugar		✓
Protein		✓
Blood		✓

INVESTIGATIONS

INVESTIGATION	DONE	COMMENT
Audiometric Screening	✓	
Spirometry	✓	
ECG <i>Ax3</i>	✓	
Vision - Keystone	✓	
Vision - Snellen	✓	(R) <i>6</i> /6 (L) <i>6</i> /6 BOTH <i>6</i> /6 WITH/WITHOUT CORRECTIVE LENSES
Chest X-ray <i>Rx Ax</i>	✓	
Blood <i>June</i>	✓	<i>5 Panel Q1/12h</i>

Examiner's Comment:

Convinced TB Rx August 2017

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PR 1508121

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

Signature: *[Signature]*

Date: *25/01/2018*

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: MAPHUMULO MGIZINYELWA Signature of employee: [Signature]

Date: 25/01/2018 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 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		/

CLINICAL EVALUATION

I declare MR MGIZINYELWA MAPHUMULO is psychologically fit to work in elevated positions.

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

Qualifications: OHN Date: 25/01/2018