



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.C. INDUSTRIAL ROOFING

that

MR. MONGI MDLEKO

ID No

901205 6219 088

is fit to carry out duties with the following restrictions:

(Circle if applicable)

☒ Nil: _____

Other: _____

This Certificate of fitness expires on 21.09.2019, being one year from date of examination.

Signed: _____

Name: Dr Ramesur Maharaj

Date: _____

21.09.2018

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

Annexure 3

OCCUPATIONAL HEALTH AND SAFETY ACT. 85 OF 1993

Construction Regulations. 2014

Medical Certificate of Fitness

Name of Employee: **MONGI MDLEKO**ID Number: **9012056219088**

Co. Number: _____

* 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.
*Occupation Eg. General Worker, Welder, Bricklayer, Steel Fixer, Mobile Crane operator, etc.	Equipment Utilizing Electrical Working At Heights Sheeting and Asbestos Removing Old Roof Shee Installing Roof Sheets	Scaffolding Forms and elevated Work stat Training on Mobile Gloves, Safety glasses P3 Respirator Disposable Overalls Steel Cap Boots Safety Harness

* 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. R. Remondt

Signature: _____

Practice Number: **1500121**Address: **46 JACARANDA CRESCENT, ISIPINGO HILLS, 4133**Date: **21/09/2018**

DR RAMESUR MAHARAJ
MR CHB-UKZN DOH UKZN
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MR MONGI MDLEKO - 9012056219088

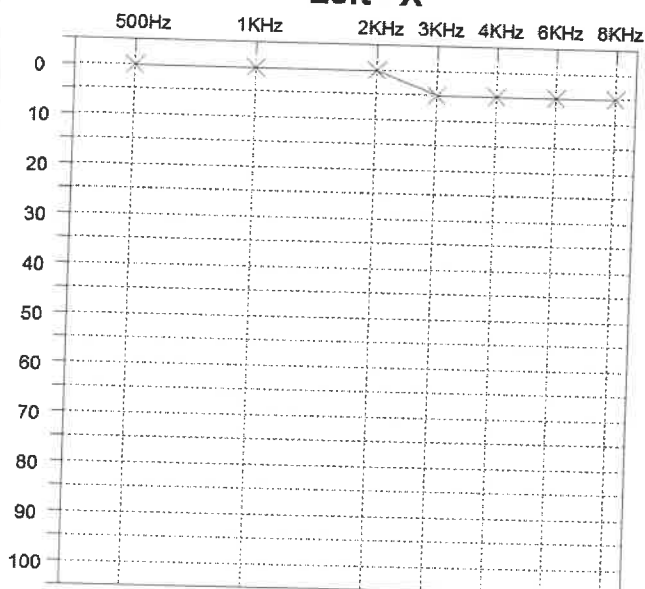
Birth date:	12/05/1990	Employed on:	09/21/2018	Baselined:	
Company	MJC INDUSTRIAL ROOFING		Contractor		
Department			8Hr. Rating Level		
Area			NIHL ?		
Occupation	ROOFING	Next Test:	09/17/2019		

Screening Audiogram - 09/21/2018 08:35

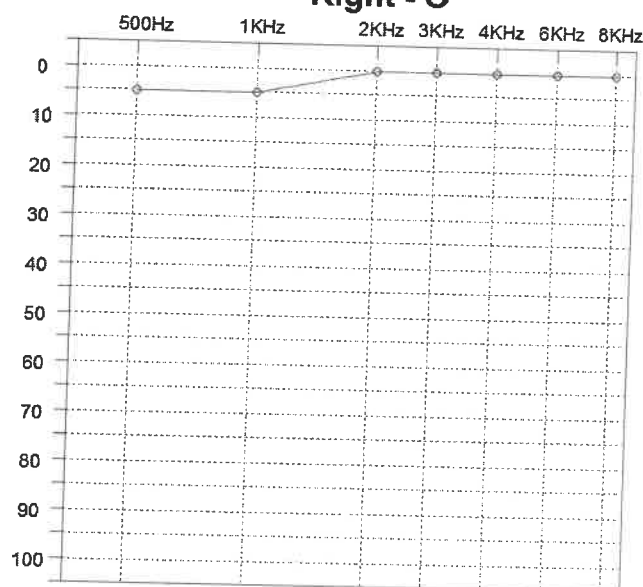
Interacoustics AS216 Serial Number - 758150

Date calibrated: 20180613

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	09/21/2018	0	0	0	5	5	5	5	5	5	0	0	0	0	0	1.1	?	2.00	-
	Screening	05/07/2018	5	10	5	10	15	10	5	15	0	5	10	5	5	5	1.1	?	8.00	-
	Screening	05/05/2017	0	0	0	0	0	0	0	0	0	0	0	0	0	10	1.1	?	0.00	-

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: **Mdleko Mongi**
Pat-No: **9012056219088**

Case No.:

Born: 05.12.1990
Age: 27 Y
Sex: Male
Height: 169.0 cm
Weight: 53.0 kg
Ethnic: -

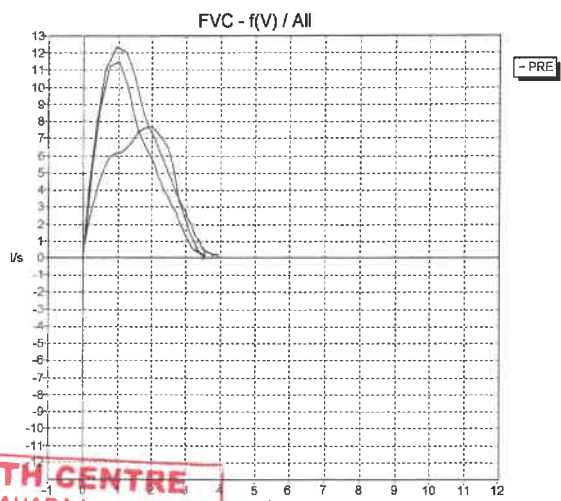
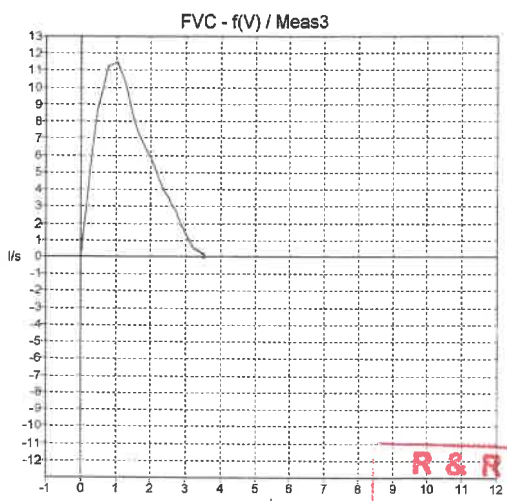
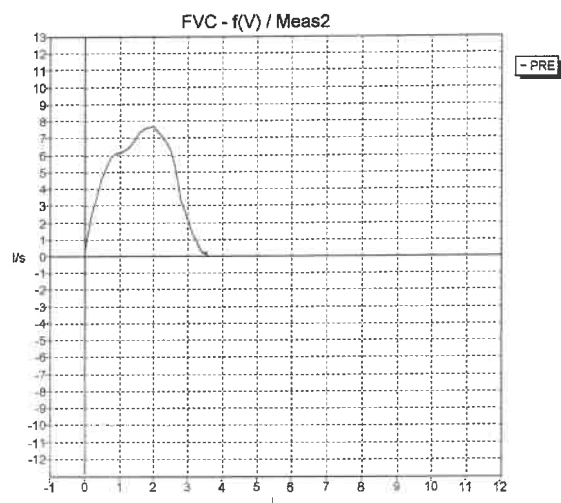
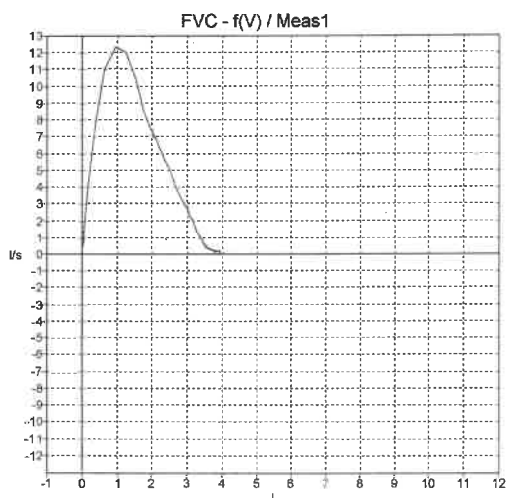
Indic:
Med:
Rem:

	ECCS / Quanjer	Pred	PRE Best	%Pred	Meas1	Meas2	Meas3
FVC	[l]	4.68	3.94	84	3.94	3.59	3.52
FEV 0.5	[l]	0.00	3.17	-	3.17	3.04	2.90
FEV 1.0	[l]	3.99	3.58	90	3.58	3.42	3.29
FEV 3.0	[l]	0.00	3.94	-	3.94	3.59	3.52
FEV 0.5/FVC	[%]	0	80	-	80	85	82
FEV 1.0/FVC	[%]	82	91	110	91	95	93
FEV 3.0/FVC	[%]	0	100	-	100	100	100

Interpretation

Normal Condition

Validated by



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BUSHBUCKRIDGE
Shop 1, Moshaga Centre
5 Hospital Road
Bushbuckridge, 1280
Tel: 013 799 2010
Email: bushbuck@afirad.co.za

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

TZANEEN
Mediclinic Tzaneen
Wolfsburg 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 R271, Ladysmith Medical Centre
Aurachien Street
Ladysmith, 3370
Tel: 036 631 0210
Email: ladysmith@afirad.co.za

21/09/2018

PATIENT NAME: MR MONGI MDLEKO
DATE OF BIRTH: 05/12/1990
REFERRED BY: R&R OCCUPATIONAL HEALTH
REFERENCE NO: INV11-84086

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.
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 MDWEKO Mongi 9 01205 6219088

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	117/78
Height (cm)	169
Weight (Kg)	53

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 P27 ASD	/	

Examiner's Comment:

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

Signature: _____ Date: 21/09/2018 Place: _____

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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: MOLEKO MONGI Signature of employee: [Signature]
Date: 21/09/2018 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		/

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CLINICAL EVALUATION

I declare MOLEKO MONGI is psychologically fit to work in elevated positions.
Name: S.R. R. RAMOANTT Signature: [Signature]
Qualifications: OHN Date: 21/09/2018