



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. PHAKADE BHEKUYISE ZONDI

ID No 7 8 0 1 0 6 5 3 5 1 0 8 6

is fit to carry out duties with the following restrictions:

(Circle if applicable)

☒ Nil:

Other: _____

This Certificate of fitness expires on 23:03:2019, being one year from date of examination.

Signed: _____

Name: Dr Ramesur Maharaj

Date: 23:03:2018

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

02/11/2013
30/3/2013
10/1/2013

Annexure 3

OCCUPATIONAL HEALTH AND SAFETY ACT. 85 OF 1993

Construction Regulations. 2014

Medical Certificate of Fitness

Name of Employee: P.B ZONDI

ID Number: 780106 5351 08 6

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	Hard hat
	Utilizing Electrical	Scaffolding
	Working At Heights	Forms and
	Sheeting and Asbestos	elevated Work stat
	Removing Old Roof She	Training on Mobile
	Installing Roof Sheets	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 metioned 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. Rajmuthi

Signature: R. R. Rajmuthi

Practice Number: 1508121

Address: 46 Jacaranda Crescent, Isipingo Hills, 4133

Date: 23/03/2013

PLEASE DO THE FIVE PANEL DRUG TEST AS WELL

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MR PHAKADE BHEKUYISE ZONDI - 7801065351086

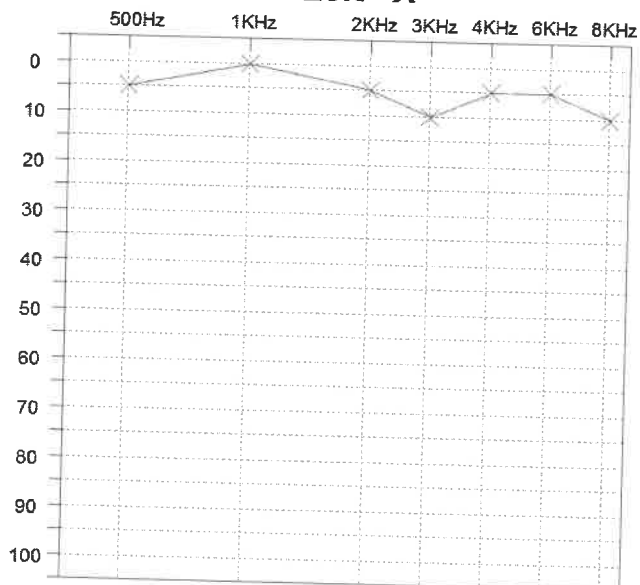
Birth date:	01/06/1978	Employed on:	03/23/2018	Baselined:
Company	MJ CHEATER INDUSTRIAL ROOFING	Contractor		
Department		8Hr. Rating Level		
Area		NIHL ?		
Occupation	ROOFING	Next Test:	03/19/2019	

Screening Audiogram - 03/23/2018 09:44

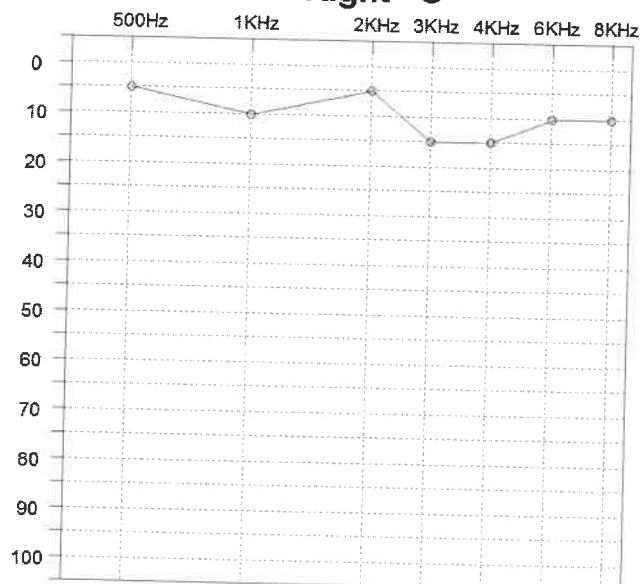
Interacoustics AS216 Serial Number - 758150

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	03/23/2018	5	0	5	10	5	5	10	5	10	5	15	15	10	10	1.1	?	7.50	-		
	Screening	05/22/2017	10	0	0	15	10	15	10	15	0	0	10	0	10	10	1.1	?	6.00	-		
	Screening	05/13/2016	5	0	10	15	15	5	5	5	5	0	10	15	15	0	1.1	?	8.00	-		
	Screening	06/29/2012	5	0	0	10	15	15	5	10	0	0	15	10	5	0	1.1	?	6.50	-		

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: **Zondi-Bhekuyise Phakade**Pat-No: **7801065351086**

Case No.:

Born: 06.01.1978
 Age: 40 Y
 Sex: Male
 Height: 175.0 cm
 Weight: 102.0 kg
 Ethnic: -

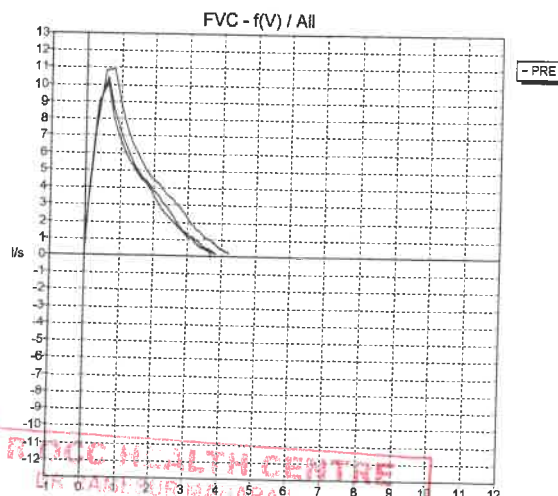
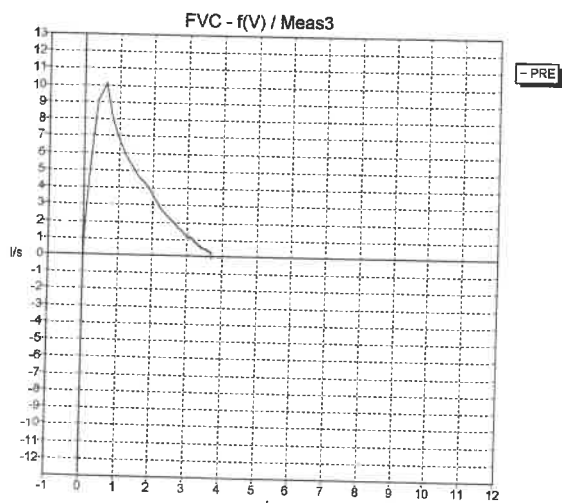
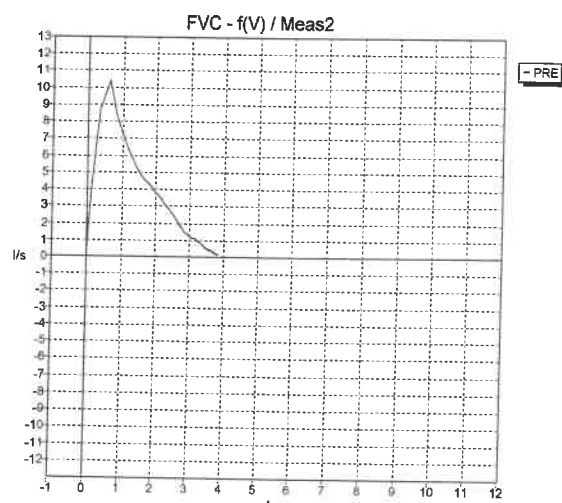
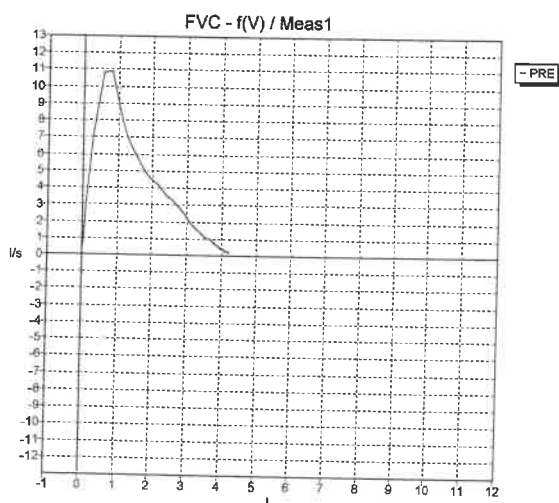
Indic:
 Med:
 Rem:

	ECCS / Quanjer	Pred	PRE Best	%Pred	Meas1	Meas2	Meas3
FVC	[l]	4.69	4.25	91	4.25	3.86	3.70
FEV 0.5	[l]	0.00	2.80	-	2.80	2.55	2.47
FEV 1.0	[l]	3.88	3.59	93	3.59	3.24	3.17
FEV 3.0	[l]	0.00	0.00	-	0.00	0.00	0.00
FEV 0.5/FVC	[%]	0	66	-	66	66	67
FEV 1.0/FVC	[%]	80	85	106	85	84	86
FEV 3.0/FVC	[%]	0	0	-	0	0	0

Interpretation

Normal Condition

Validated by

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 RD 1559121

armi

AfriRad Medical Imaging

Pr. No. 0521523

Diagnostic Radiologists

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

BUSHBUCKRIDGE
Shop 1, Mshaga Centre
5 Hospital Road
Bushbuckridge, 1280
Tel: 013 799 2510
Email: bushbuck@afri-rad.co.za

VERULAM
75 Wick Street
Verulam, 4340
Tel: 032 533 1373
Mobile: 079 125 6616
Email: verulam@afri-rad.co.za

TZANEEN
Mediclinic Tzaneen
Wolkeberg Avenue R71,
Tzaneen, 0650
Tel: 015 306 0098
Email: tzaneen@afri-rad.co.za

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

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

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

23/03/2018

PATIENT NAME: MR PHAKADE ZONDI
DATE OF BIRTH: 06/01/1978
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.
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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DR RAMESUR MAHARAJ / SR. RENUKA RAMDUTT

46 JACARANDA CRESCENT
ISIPINGO HILLS
4133

COMPANY NAME: MJ CHEATER IND.

PATIENT NAME : MR. PHAKADE ZONDI

ID NO : 780106 5351 086

AGE : 40 YRS OLD

SEX : MALE

Date Received : 23:03:2018

Date Resulted : 23:03:2018

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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MEDICAL EXAMINATION ZONDI PHAKADE BHEKUNISC 7801065351086

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	60
Blood Pressure	127/76
Height (cm)	175
Weight (Kg)	102

URINALYSIS

	YES	NO
Sugar		✓
Protein		✓
Blood		✓

INVESTIGATIONS

INVESTIGATION	DONE	COMMENT
Audiometric Screening	✓	
Spirometry	✓	
ECG A13	✓	
Vision - Keystones	✓	5 Power Dry Tel
Vision - Snellen	✓	(R) 6/6 (L) 6/6 BOTH 6/6 WITH/WITHOUT CORRECTIVE LENSES
Chest X-ray	✓	
Blood Pzy Ass	✓	

R & R OCC HEALTH CENTRE

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PR 1508121

Examiner's Comment:

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

Signature:

Date:

23/03/2018

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: ZONDI PHAKADE BHEKUYISO Signature of employee: [Signature]

Date: 23/03/2018 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		/

R & R OCC HEALTH CENTRE

DR. RAMESH MAHARAJ

MBCNB-UKZN DOH UKZN

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20180312

CLINICAL EVALUATION

I declare ZONDI PHAKADE BHEKUYISO is IS, psychologically fit to work in elevated positions.

Name: S.R. R. RAMOU77 Signature: [Signature]

Qualifications: OHN Date: 23/03/2018