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. SPHESIHLE THOBANI SIBISI

ID No 9510026388081

is fit to carry out duties with the following restrictions:

(Circle if applicable)

Nil:

Other:

This Certificate of fitness expires on 31:08:2019 **, being one year from date of examination.**

Signed: _____ **Name:** ***Dr Ramesur Maharaj***

Date: 31:08:2018

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

Annexure 3

Phakade OCCUPATIONAL HEALTH AND SAFETY ACT. 85 OF 1993 Construction Regulations. 2014

Medical Certificate of Fitness

Name of Employee: T.S SIBISI ID Number: 9510026388081 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.	Noise Heat	All Risk	Asbestos Removal	Vibrations From	Electrical Tools	Dust Asbestos	Normal Have	Hold Dust	Working at Heights	Utilizing Mobile	Elevated Work	Platforms	Scaffolding	Ladders			Installing Roof Sheets	Removing Old Roof She	Sheeting and Asbestos		Working At Heights	Utlizing Electrical	Equipment				Safety Harness	Steel Cap Boots	Disposable Overalls	P3 Respirator	Gloves, Safety glasses	Training on Mobile	elevated Work stat	Forms and	Scaffolding	Hard hat

*** The Employer to complete the information in the spaces marked with an * before sending the Employee for a medical examination.**

Drug test: Not required

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) SR R Ramdutt

Signature: R.Ramdutt Practice Number: 1508121 Date: 31/08/18

Address: 46 Jacaranda Crs. Isipingo Hills

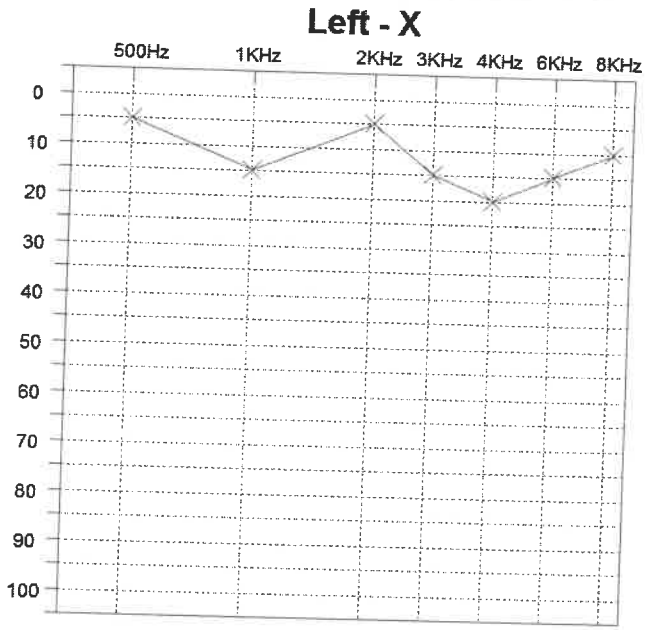
R & R OCC HEALTH CENTRE
DR RAMESUR MAHARAJ
MBCHB-UKZN DOH UKZN
46 JACARANDA CRESCENT, ISIPINGO HILLS
TEL: 031 902 1705 FAX: 088 031 902 1705
CELL: 083 231 4586 / 072 690 4985
PR 1508121

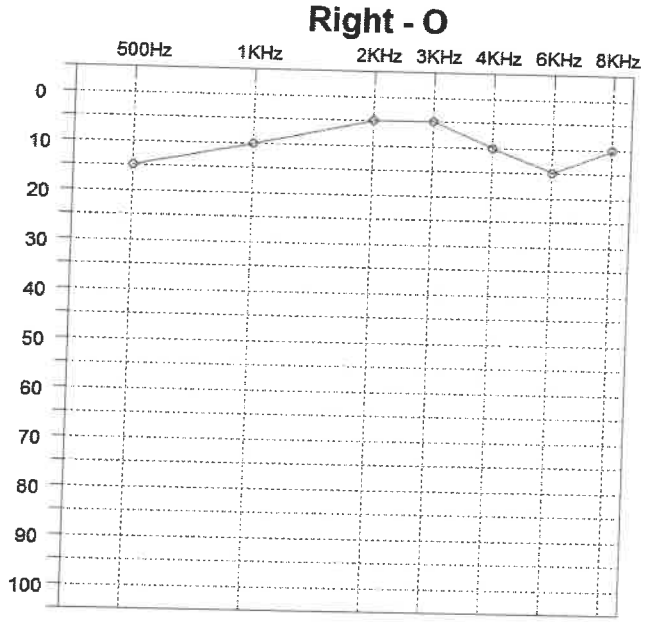
MR THOBANI SPHESIHLE SIBISI - 9510026388081

Birth date:	10/02/1995	Employed on:	08/31/2018	Baselined:	
Company	MJC INDUSTRIAL ROOFING		Contractor		
Department			8Hr. Rating Levl		
Area			NIHL ?		
Occupation	ROOFING		Next Test:	08/27/2019	

Screening Audiogram - 08/31/2018 10:36

Interacoustics AS216 Serial Number - 758150 Date calibrated: 20180613





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	08/31/2018	5	15	5	15	20	15	10	15	10	5	5	10	15	10	1.2	?	10.50	-
	Screening	10/23/2017	0	5	5	0	15	10	10	15	5	10	5	10	15	20	1.1	?	7.00	-

Tested By: Supervisor

Employee's Acceptance:

Please refer to the audiogram/s shown above

Employee Notes

--End of Document--

R & R OCC HEALTH CENTRE
DR RAMESUR MAHARAJ
MBCHB-UKZN DOH UKZN
16 JACARANDA CRESCENT, ISIPINGO HILLS, 4133
TEL: 031 902 1705 FAX: 088 031 902 1705
CELL: 083 231 4586 / 072 690 4985

Default institute Default department | Default user | **31.08.2018 10:51:13**

Pat-Name: **Sibisi-Siphesihle Thobani**

Pat-No: **9510026308081** | Case No.:

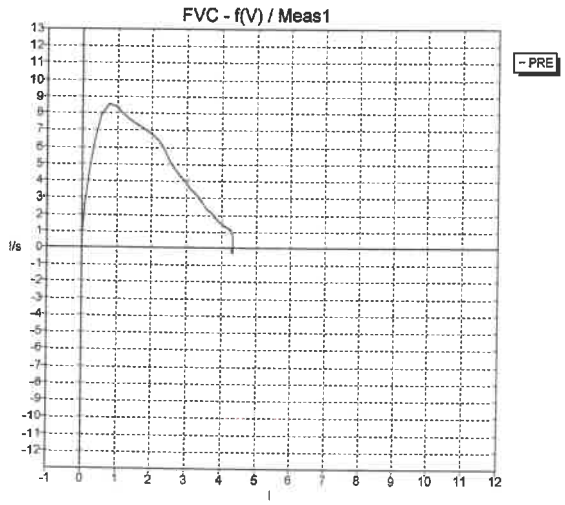
Born: 02.10.1995
Age: 22 Y
Sex: Male
Height: 166.0 cm
Weight: 74.0 kg
Ethnic: -

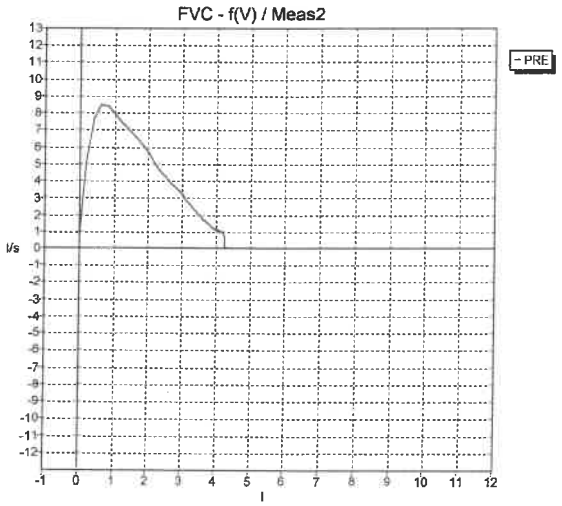
Indic:
Med:
Rem:

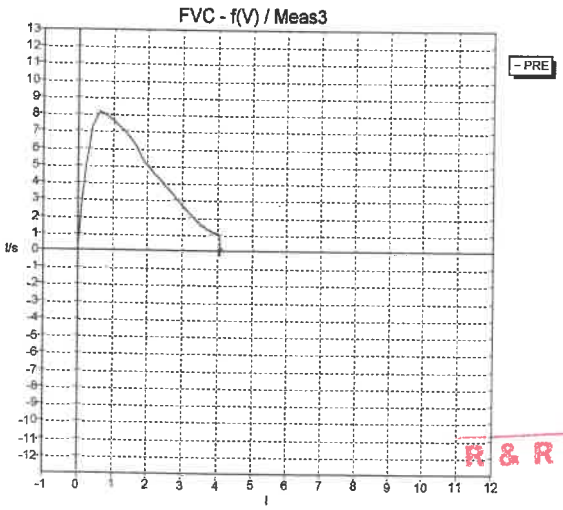
		ECCS / Quanjer Pred	PRE Best	%Pred	Meas1	Meas2	Meas3
FVC	[l]	4.56	4.32	95	4.32	4.30	4.07
FEV 0.5	[l]	0.00	3.14	-	3.14	2.95	2.82
FEV 1.0	[l]	3.92	4.14	105	4.14	3.92	3.75
FEV 3.0	[l]	0.00	0.00	-	0.00	0.00	0.00
FEV 0.5/FVC	[%]	0	73	-	73	69	69
FEV 1.0/FVC	[%]	83	96	116	96	91	92
FEV 3.0/FVC	[%]	0	0	-	0	0	0

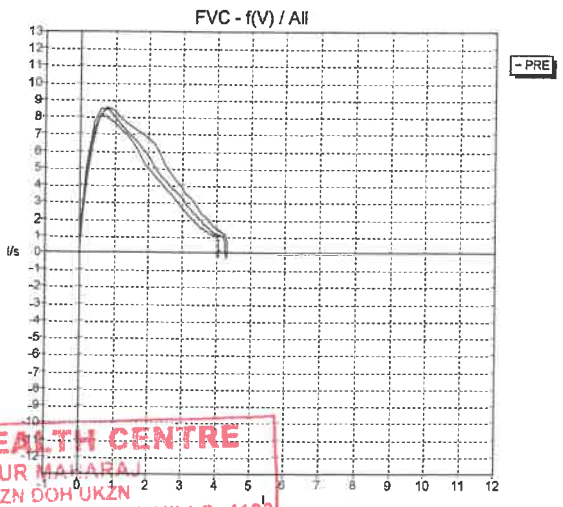
Interpretation
Normal Condition

Validated by









R & R OCC HEALTH CENTRE
DR RAMESUR MAHARAJ
MBCHB-UKZN DOH UKZN
6 JACARANDA CRESCENT, ISIPINGO HILLS, 4133
TEL: 031 902 1705 FAX: 088 031 902 1705
CELL: 083 231 4586 / 072 690 4985

armi
AfriRad Medical Imaging
Diagnostic Radiologists

Pr. No. 0521523

Co. Reg. No. 2014/024904/21
VAT No. 4820287569

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

VERULAM
75 Wick Street
Verulam, 4340
Tel: 032 533 1373
Mobile: 079 125 9816
Email: verurad@afrirad.co.za

TZANEEN
Medicilnic Tzaneen
Wolkberg Avenue R71,
Tzaneen, 0850
Tel: 015 306 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 B271, Ladysmith Medical Centre
Murchison Street,
Ladysmith, 3370
Tel: 036 631 0210
Email: ladysmith@afrirad.co.za

31/08/2018

PATIENT NAME: **MR THOBANI SIBISI**
DATE OF BIRTH: **02/10/1995**
REFERRED BY: **R&R OCCUPATIONAL HEALTH**
REFERENCE NO: **INV11-82685**

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)

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

MEDICAL EXAMINATION - Trevor S. Sibisi - 9510025380081

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, qait	✓		

PHYSICAL MEASUREMENTS

Pulse	64
Blood Pressure	116 / 86
Height (cm)	166
Weight (Kg)	74

URINALYSIS	YES	NO
Sugar		✓
Protein		✓
Blood		✓

INVESTIGATIONS

INVESTIGATION	DONE	COMMENT
Audiometric Screening	✓	
Spirometry	✓	
~~ECG~~ AR3	✓	
Vision - Keystone	–	
Vision - Snellen	✓	(R) 6/6 (L) 6/6 BOTH 6/6 WITH/WITHOUT CORRECTIVE LENSES
Chest X-ray	✓	
~~Blood~~ Psy Abs	✓	

Examiner's Comment:

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

31/08/2018

K & R OCC HEALTH CENTRE
DR RAMESUR MAHARAJ
MBCHB-UKZN DOH UKZN
46 JACARANDA CRESCENT, ISIPINGO HILLS, 4113
TEL: 031 902 1705 FAX: 088 031 902 1705
CELL: 083 23[illegible]4586 / 072 690 4985

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: Thobani S. Sibisi ..... Signature of employee: .....

Date: 31/08/2018 ..... 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		✓

R & R OGG 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

CLINICAL EVALUATION

I declare Thobani S. Sibisi ..... IS ....., psychologically fit to work in elevated positions.

Name: S.R. Ramduth ..... Signature: .....

Qualifications: OHN ..... Date: 31/08/2018 .....