



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. SIBONGELENI MTOLO

ID No 9104156188089

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
-08171

Annexure 3

OCCUPATIONAL HEALTH AND SAFETY ACT, 85 OF 1993

Construction Regulations, 2014

Medical Certificate of Fitness

Name of Employee: S. MTOLO ID Number: 9104156188089 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
	All Risk		Removing Old Roof She	Steel Cap Boots
	Asbestos Removal		Sheeting and Asbestos	Disposable Overalls
	Vibrations From		Working At Heights	P3 Respirator
	Electrical Tools		Utilizing Electrical	Gloves, Safety glasses
	Dust Asbestos		Equipment	Training on Mobile
	Normal Have			elevated Work stat
	Hold Dust			Forms and
	Working at Heights			Scaffolding
	Utilizing Mobile			Hard hat
	Elevated Work			
	Platforms			
	Scaffolding			
	Ladders			

* 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 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)

S.R. R. Ramdutt

Signature: R. Ramdutt Practice Number: 1508121

Address: 46 Jacaranda Cres. Isipingo Hills Date: 31/08/18

K & R OCC HEALTH CENTRE

DR RAMESUR MAHARAJ

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FR 1508121

MR SIBONGELENI MTOLO - 9104156188089

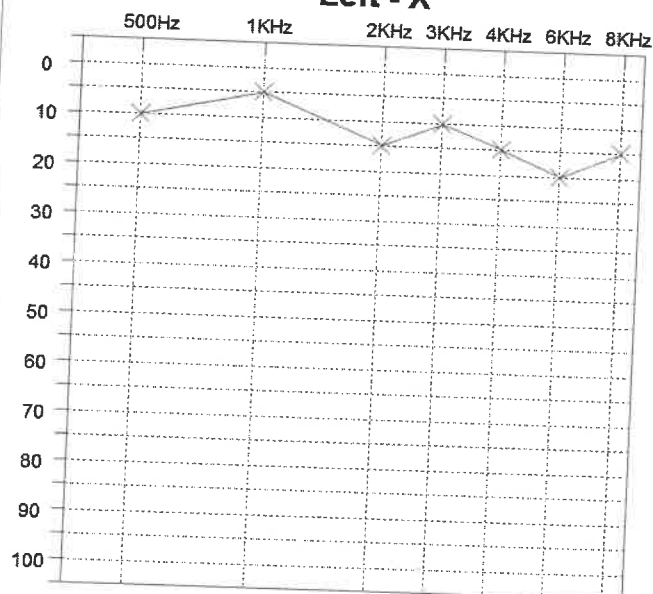
Birth date:	04/15/1991	Employed on:	08/31/2018	Baselined:	
Company	MJC INDUSTRIAL ROOFING		Contractor		
Department			8Hr. Rating Lev		
Area			NIHL ?		
Occupation	ROOFING		Next Test:	08/29/2019	

Screening Audiogram - 08/31/2018 10:43

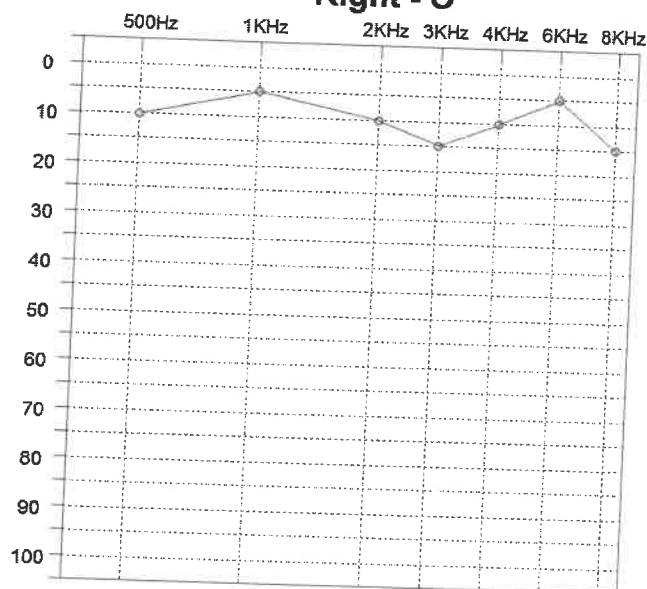
Interacoustics AS216 Serial Number - 758150

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	08/31/2018	10	5	15	10	15	20	15	10	5	10	15	10	5	15	1.1	?	10.50	-		
	Screening	10/31/2017	10	10	5	10	5	10	15	15	10	10	15	20	15	10	1.2	?	11.00	-		

Tested By: Supervisor

Employee's Acceptance:

Please refer to the audiogram/s shown above

Employee Notes

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 00 1608121

Pat-Name: **Mtolo Sibongeleni**Pat-No: **9104156188089**

Case No.:

Born: 15.04.1991

Age: 27 Y

Sex: Male

Height: 160.0 cm

Weight: 73.0 kg

Ethnic: -

Indic:

Med:

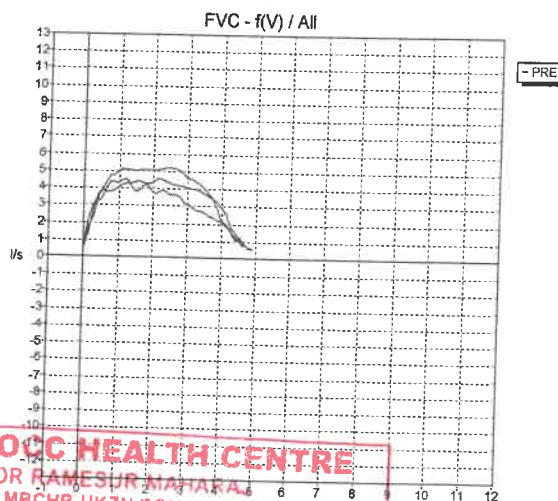
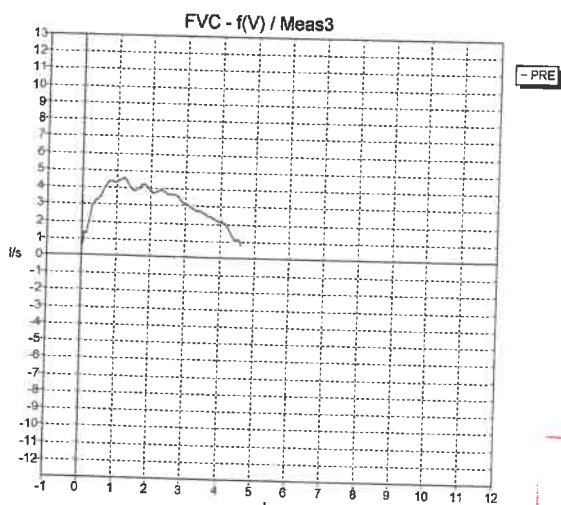
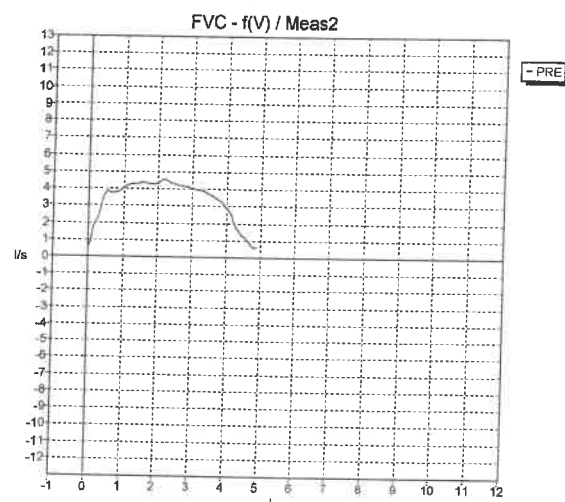
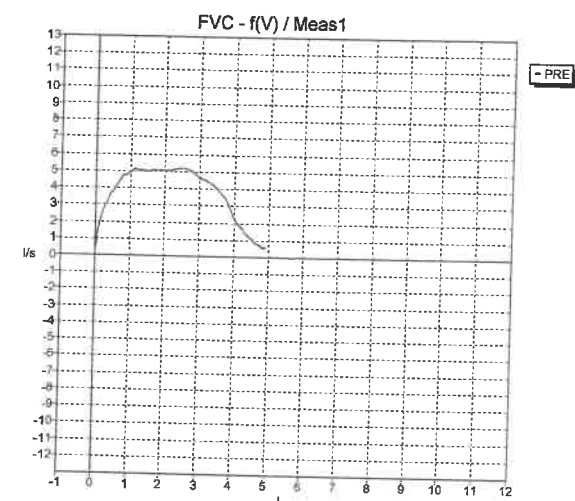
Rem:

	ECCS / Quanjer	Pred	PRE Best	%Pred	Meas1	Meas2	Meas3
FVC	[l]	4.16	4.95	119	4.95	4.90	4.61
FEV 0.5	[l]	0.00	2.60	-	2.60	2.27	2.13
FEV 1.0	[l]	3.61	4.24	118	4.24	4.12	3.68
FEV 3.0	[l]	0.00	0.00	-	0.00	0.00	0.00
FEV 0.5/FVC	[%]	0	52	-	52	46	46
FEV 1.0/FVC	[%]	82	86	104	86	84	80
FEV 3.0/FVC	[%]	0	0	-	0	0	0

Interpretation

Normal Condition

Validated by



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armi
AfriRad Medical Imaging
Diagnostic Radiologists

Pr. No. 0521523

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

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Pinetown, 3610
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Email: pinetown@afirad.co.za

LADYSMITH
Shop B271, Ladysmith Medical Centre
Murchison Street,
Ladysmith, 3370
Tel: 036 631 0210
Email: ladysmith@afirad.co.za

31/08/2018

PATIENT NAME: MR SIBONGELENI MTOLO
DATE OF BIRTH: 15/04/1991
REFERRED BY: R&R OCCUPATIONAL HEALTH
REFERENCE NO: INV11-82686

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)

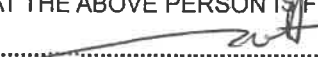
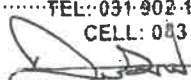
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MEDICAL EXAMINATION MTOLO SIBONGELENI 91045 6188 089			
EXAMINATION	NORMAL	ABNORMAL	DETAILS OF ABNORMALITY
Skin, Hair, Nails	/		
Head	/		
Eyes, Cornea	/		
Ears	/		
Nose	/		
Mouth & Throat	✓		
Teeth	✓		
Neck & Thyroid	✓		
Chest & Lungs	✓		
Heart	✓		
Peripheral Arteries	✓		
Peripheral Veins (Varicose)	✓		
Abdomen	✓		
Upper Limbs	✓		
Upper Limbs	✓		
Lower Limbs	✓		
Spine	✓		
Lymph Nodes	✓		
CNS - Localising signs, tremor, gait	✓		

PHYSICAL MEASUREMENTS	
Pulse	70
Blood Pressure	124 / 80
Height (cm)	160
Weight (Kg)	73

URINALYSIS	YES	NO
Sugar		✓
Protein		✓
Blood		✓

INVESTIGATIONS		
INVESTIGATION	DONE	COMMENT
Audiometric Screening	✓	
Spirometry	✓	
ECG Ax3	✓	
Vision - Keystone	-	
Vision - Snellen	✓	(R) ² /6 (L) ⁶ /6 BOTH ⁶ /6 WITH/WITHOUT CORRECTIVE LENSES
Chest X-ray	✓	
Blood Psy Ass	✓	

Examiner's Comment:		R & R OCC HEALTH CENTRE DR RAMESUR MAHARAJ MBCHB (UKZN) DOM (UKZN) 46 JACARANDA CRESCENT, ISIPINGO HILLS. 4 TEL: 031 902 1705 FAX: 031 902 1705 CELL: 083 231 4586 / 072 690 4915 PR 1508121	
I CERTIFY THAT THE ABOVE PERSON IS FIT / NOT FIT FOR DUTY			
Signature: 	Date: 21/08/2018	Place: 	

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: MTOW SIBONGELENI

Signature of employee: [Signature]

Date: 31/08/2018

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		✓

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 PO 1502121

CLINICAL EVALUATION

I declare MR MTOW SIBONGELENI is psychologically fit to work in elevated positions.

Name: SR R. RAMDUTT
CHN

Signature: [Signature]

Date: 30/08/2018