OCCU - SURE Pty (Ltd)
OCCUPATIONAL HEALTH AND SAFETY SERVICES

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ANNUAL HEALTH ASSESSMENT FOR FITNESS TO WORK

This is to certify that : Gouws, Louis Eduard Joubert

Company : K2N Computer System

Identity Number : 730519 5068 081

was examined on : 5 January 2018 Nº 3500

AND HAS BEEN FOUND CONDITIONALLY FIT TO ASSUME DUTIES AS A Technician ***WITH THE FOLLOWING*** ~~***RESTRICTIONS***~~

RECOMMENDATIONS: Employee to utilize PPE for noise zones. Employee to utilize appropriate PPE when entering a respiratory zone. Employee to manage poor near vision

Referrals: Optometrist, GP

Follow up date: 31/01/2018

The following examinations were performed: ***Next medical due:*** 31/01/2018 (follow up 05 Jan, 2019)

- ✓ Medical
- ✓ Vision screening: Keystone/~~Snellen~~
- ✓ Lung function assessment
- ✓ Periodical/monitoring audiogram
- ~~Cannabis test~~
- ✓ Other K10 & Epworth
- ✓ Annexure 3

Note
THIS CERTIFICATE DOES ~~NOT~~ INCLUDE PSYCHOLOGICAL ASSESSMENT TO WORK AT HEIGHTS

Lung function Obstructive

	FVC%	FEV1%	FEV1/FVC%	PEF%
pre	119%	90%	61%	111%
post	99%	96%	78%	103%

Audiometry **PLH** 37.9% **PD** 18.95%

	FREQ.	500KHZ	1000KHZ	2000KHZ	3000KHZ	4000KHZ	6000KHZ	8000KHZ
MONITORING 09h27	LEFT	40	50	60	55	55	60	60
	RIGHT	40	50	40	30	35	40	55
BASE LINE 29/01/2017	LEFT	40	50	60	50	50	60	60
	RIGHT	40	50	40	45	25	50	65

DOCTORS COMMENTS:

Signature of Occupational Health Practitioner | RN/RM/OHNP | 8/1/2018

Qualifications | Date

Occusure
15 New England Road, Pietermaritzburg
Tel: 033 346 9554 / 0861 628 7873
pmbreception@occusure.co.za / www.occusure.co.za

Annexure 3

OCCUPATIONAL HEALTH AND SAFETY ACT, 85 OF 1993 Construction Regulation, 2014

Medical Certificate of Fitness

Name of Employee : Louis Eduard Joubert Gouws ID Number 730519 5068 081 Co. Number

	*Possible Exposure e.g. noise,heat,fall risk, confined space etc.	*Job Specific Requirements e.g. Operating Mobile Crane, Digging Trenches, Erecting Formwork & Support Work, etc.	*Protective Equipment e.g. Dust Respirator (Light Duty), Welding Gloves etc.
*Occupation Cabling Manager	Dust, Heat, Confined Space, Noise	Digging, Core Cutting, Power.	Face Shield, Dust Mask, Ear Plugs

*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) SKOEMOER

Signature **Practice Number** 1274 2011 **Date** 08 / 01 / 2018

Address

Occusure

- To wear appropriate hearing protection when exposed to noise in the work place
- To see optometrist for assessment of poor near vision
- To see own GP for assessment of decreased lung function