Occusure PTY LTD
passionate healthcare partners

Email: admin@occusure.co.za
Tel: 0861 OCUSURE (628 7873)
www.occusure.co.za

Occusure Clinic: PM Burg.

ANNUAL HEALTH ASSESSMENT FOR FITNESS TO WORK

This is to certify that : DE BRUIN MARK

Company : KZN COMPUTER SYSTEMS

Identity Number : 860712 5018 089

was examined on : 10th January 2018 Nº 7960

AND HAS BEEN FOUND CONDITIONALLY FIT TO ASSUME DUTIES AS A Data Cabler / ~~Heights Worker~~

RECOMMENDATIONS:

Regular follow up for personal medical condition

RESTRICTIONS:

① HEIGHTS. - May not work at heights.

Referrals:

Follow up date: To see own specialist on 02/02/2018

Certificate expires: 10/01/2019

The following surveillance was performed:

- ✓ Physical Examination
- ✓ Vision screening: Keystone / ~~Snellen~~
- ✓ Lung function assessment O/S
- ✓ ~~Multidrug Screen~~
- ✓ Other.....
- ✓ ~~Entry~~/monitoring audiograms
- ✓ ~~Cannabis test~~
- ✓ Psychological Screening: K10/ Epworth
- ✓ ~~GGT~~

Audiometry PLH 2.0 % PD 1.0 %

	FREQ.	500KHZ	1000KHZ	2000KHZ	3000KHZ	4000KHZ	6000KHZ	8000KHZ
MONITORING 12:53	LEFT	15	10	10	15	20	20	05
	RIGHT	30	10	15	15	20	20	10
BASE LINE 11/08/2016	LEFT	15	15	15	10	15	10	00
	RIGHT	35	15	20	25	10	10	10

DOCTORS COMMENTS: High Risk ptt due to ① Obesity ② Medical Cond.

Reviewed by Dr. Erasmus.

Signature of Occupational Health Practitioner

OHNP RN
Qualifications

DRS. P. ERASMUS & J. DO VALE INC.
MBChB/ DOH
CATOMED OCCUPATIONAL HEALTH DIVISION
PR. NO: 1526642
BOX 213, CATO RIDGE, 3680
TEL: 031 782 2030

10/01/2018
Date

OCCU 013 CF
YELLOW

Occusure
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15 New England Road, Pietermaritzburg
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enquiryreception@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 MARC DE BRUIN. ID Number 8107125018089 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 e.g. General worker,Welder,Bricklayer,Steel Fixer,MobileCrane Operator, etc	NOISE, DUST, FALL RISK, CONFINED SPACE	TECHNICIAN	SAFETY BOOTS, HARD HAT, GLOVES, EAR PLUGS, SAFETY GLASSES, OVERALLS
GENERAL WORKER			

*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:

- To Regularly follow up on his personal medical condition
- Not to work at heights

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) Sr Veronique

Signature _____ **Practice Number** 1369746 79 **Date** 15 February

Address _____

Occusure