Dr. Vishelan Munsamy t/a
MP 071 5239
PR 0707 929
MBChb (UKZN), Dip. HIV Man (SA), Dip. Child Health (SA)
SASOM MEMBERSHIP NO. SAS1471.GMP

SAI MEDICO

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HEALTH ASSESSMENT FOR FITNESS TO WORK

OCCMED NO: 007

EMPLOYEE NAME: MOHSIN NAEEM RAHIM RAZAK

COMPANY: KZN COMPUTER SYSTEMS

IDENTITY NUMBER: 85 1002 5158 080

DATE OF MEDICAL: 20/11/2018

THIS CONFIRMS THE ABOVE IS: ✓ FIT | UNFIT

TO WORK AS CABLING TECHNICIAN

The following examinations were performed:

- ✓ Routine medical exam
- ✓ Vision screen L(20/20)R(20/20) (with glasses)
- ✓ Double baseline audiograms
- ✓ K10 checklist (18/50) (Moderate distress).
- ✓ Epworth sleep scale (5/24) (Normal).
- ✓ Lung function (spirometry)

Lung function (available on request): Meds:

FVC%	FEV1%	FEV1/FVC%	PEF%
3.74 (79%)	(3.63) 92%	97%	10.07 (108%)

Audiograms: PHL: 2% PD: 1%

Time	Freq.	500KHZ	1000KHZ	2000KHZ	3000KHZ	4000KHZ	6000KHZ	8000KHZ
12:17	(R)	15	15	10	10	5	10	10
	(L)	10	15	15	10	10	5	20
Time	Freq.	500KHZ	1000KHZ	2000KHZ	3000KHZ	4000KHZ	6000KHZ	8000KHZ
	(R)	15	15	10	10	10	10	10
	(L)	10	10	10	5	10	15	20

Comments/recommendaations: This Medical is Valid for 6 months (20/5/2019)

Occupational health practitioner (Dr. V. Munsamy SASOM SAS1471.GMP)

Dr V. MUNSAMY
PR No. 0707929 MP No. 0715239
MBChB (UKZN) DCH (SA)
DIP. HIV MAN. (SA)

Annexure 3

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

Medical Certificate of Fitness

Name of Employee RAZAK MOHSIN ID Number 851002 5158 080 Co. Number —

*Occupation e.g. General worker, Welder, Bricklayer, Steel Fixer, MobileCrane Operator, etc	*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.
Cabling Technician	DUST	CLIMBING	OVERALLS
	HEIGHTS	DRILLING	PROTECTIVE GEAR
	CONFINED SPACES	CABLING	GLOVES
	FALL RISK	WELDING	MASK
	HEAT		EAR PLUGS
	ELECTRICITY		SAFETY BOOTS
	NOISE		GOGGLES
			REFLECTIVE GEAR.

*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)

Signature [signature] Practice Number 0704929 Date 20/11/2018

Address 60 Boshoff Street Pmb.

Dr V. MUNSAMY
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