workmed®
HEALTH & SAFETY MANAGEMENT SYSTEMS

PRODUCTIVITY THROUGH HEALTH AND SAFETY

58A Beechgate Cres.,
Southgate Industrial Park,
Umbogintwini.
Tel: 031-914 4892
Fax: 031-914 4172
erroll@workmed.co.za
Practice No: 1440411

Certificate of Fitness

(Valid for 1 Year)

Construction Site [ ] **Mining** [ ] **General** [x]

Company : Ubhejane Cranes
Name : S Chamane
Date : 16/10/2018
Position : Assistant Technician
I.D.No: 8509296420088

Examination includes:

[x] Health Questionnaire and Physical examination

- Family Medical History
- Occupational History
- Abdomen
- Personal Medical History
- Physical Appearance
- Skin-Visual Acuity
- Tuberculosis
- Glandular/Endocrine
- Musculo-Skeletal
- Questionnaire
- Cardiovascular
- Medication

[x] Lung function test
[ ] Baseline Audiogram
[x] Screening Audiogram
[ ] Bronchodilator test
[x] TB Questionnaire
[ ] X-Ray Chest
[ ] Orthorator/Keystone
[L6/4 R6/5] Snellen Chart
[x] ECG
[x] Fields
[x] Colour Vision
[x] Depth perception
[x] Drug Testing
[x] Heat stress
[x] Work at Heights Evaluation
[ ] K10 Stress Evaluation

Outcome of medical examination:

CERTIFICATION:	YES	NO	N/A	COMMENT/REASON:
Fit for work as per job description	x			
Fit to work at heights.	x			
Fit to drive Vehicle/Hyster			X	
Fit to work in hot conditions	x			
Fit for restricted work			x	
Temporarily unfit for work.			x	
Permanently unfit for work.			x	

Examiner/Physician Signature:

X Double-Click to Sign

Clinic Stamp:

Dr Erroll M. Liebenberg (MBBCh, DOH)
Occupational Health & Travel Medicine Practitioner
Southgate Business Park, Umbogintwini
P.O. Box 142 Umkomaas 4170
Tel: 031 914 4892
Fax: 031 914 4172

Print name:	**Dr E M Liebenberg (MBBCh, DOH) – Managing Director - WorkMed Group**		
Date of examination:	**16/10/2018**	**Date of Expiry**	**16/10/2019**

Medical results Remarks:

workmed
HEALTH & SAFETY MANAGEMENT SYSTEMS

PRODUCTIVITY THROUGH HEALTH AND SAFETY

58A Beechgate Cres.,
Southgate Industrial Park,
Umbogintwini.
Tel: 031-914 4892
Fax: 031-914 4172
erroll@workmed.co.za
Practice No: 1440411

PHYSICAL EXAMINATION

Employee Name : S Chamane

ID Number : 8509296420088

NEUROLOGICAL ASSESSMENT

Reflexes	Present	Absent	Comments
A) Patella	x		
B) Ankle	x		
Nystagmus		x	
	Normal	**Abnormal**	
Rombergs Test	**x**		
Appendicular coordination			
A) Finger to nose	x		
B) Rapid Alternating hand movements	x		
Gait			
A) Normal	x		
B) Heel Toe	x		
Visual Fields	**x**		

Conclusions:

CERTIFICATION:	YES	NO	COMMENT/REASON:
Fit for work at heights as per job description	x		
Fit for restricted work0			
Temporarily unfit for work.			
Permanently unfit for work.			

Physician's signature:

X Double-Click to Sign

Official Company stamp:

Dr Errol M. Liebenberg (MBBCh, DOH)
Occupational Health & Travel Medicine Practitioner
Southgate Business Park, Umbogintwini
P.O. Box 142 Umkomaas 4170
Tel: 031 914 4892
Fax: 031 914 4172

Physician's name and qualifications: **Dr EM Liebenberg (MBBCh, DOH)**

Date of examination: 16/10/2018

Date Of Expiry: 16/10/2019

workmed
HEALTH & SAFETY MANAGEMENT SYSTEMS

PRODUCTIVITY THROUGH HEALTH AND SAFETY

58A Beechgate Cres.,
Southgate Industrial Park,
Umbogintwini.
Tel: 031-914 4892
Fax: 031-914 4172
erroll@workmed.co.za
Practice No: 1440411

Step Test – Physical Work Capacity (Heat Stress Evaluation)

Employee name: Sthembiso Chamane Initials S Sex: (M) / F

ID No: 8509296420088 D.O.B: 29/09/85 Age: 32

Occupation/Job title: Assistant Technician Work Load Medium

Company: Ubhejane Cranes Tel No:

Address: Date:

History

Previous test: Y / [N] History of chest pain on exertion: Y / [N] Previous coronary episode: Y / [N]

If **YES** then date of episode:

Dyspnoea: Y / [N] History of Cardiac disease: Y / [N]

Current medication: Nil

Recent illness or hospitalisation: NO

History of heat disorder: Y / [N] Date:

Respiratory problems including asthma: NIL KNOWN

Remarks:

Employee Signature:

Examination

Height: 173 Weight: 86.8 Urine test: NAD

Blood sugar if indicated: N/A Body/Mass Index: 28

Initial BP Seated: 115/70 Pulse Rate: 48 Regular: Yes

Oedema: Y / N Cyanosis: Y / N Skeletal abnormality: NAD

Pulse rate after 10 mins of exertion: 56 B.P: 140/70

Work Capacity: **Heavy** / [**Medium**] / **Light** Date of Test: 16/10/18

Fit to work in hot conditions: [X] / N Remarks Nil.

Expiry Date: 16/10/19

Examiners' signature: X Double Click to Sign

Company Stamp

Dr Errol M. Liebenberg (MBChB, DOH)
Occupational Health & Travel Medicine Practitioner
Southgate Business Park, Umbogintwini
P.O. Box 142 Umkomaas 4170
Tel: 031 914 4892
Fax: 031 914 4172

workmed
HEALTH & SAFETY MANAGEMENT SYSTEMS

PRODUCTIVITY THROUGH HEALTH AND SAFETY

58A Beechgate Cres.,
Southgate Industrial Park,
Umbogintwini.
Tel: 031-914 4892
Fax: 031-914 4172
erroll@workmed.co.za
Practice No: 1440411

Drug Testing – Pre-test Questionnaire and Consent Form

Date	16-10-2018	**Time**	12:10

Surname	CHAMANE.	First Name	STHEMBISO.
Gender	M.	Department/Company	LIBHEJANE CRAFTS.
Supervisor		Supervisor Contact N°.	

Photo Identification

Type (Access card / ID doc)	ID	Number	8509295420088.
Nurse / Collector	J. Robinson	Signature	

Declaration	**Yes**	**No**
1. Have you in the last month or are you presently taking any **over-the counter** drugs/medications/tablets/mixtures?		✓
2. Are you taking any medication **prescribed** by a Doctor?		✓
3. Are you taking any other drugs you have not previously mentioned including illicit or illegal drugs?		✓
4. Have you eaten bread / food containing poppy seed in the last 3 days?		✓
If Yes to 1, 2, or 3 please provide details of name of medication / drugs and dosage / strength if known and the name of the prescribing doctor.		

I STHEMBISO CHAMANE (name of person being tested) hereby certify that the above information is true and accurate. I have been informed of and understand the testing procedure. I agree to provide any specimen needed to conduct the drug test.

Signature: _____ Date: 16/10/18

Collectors USE Only

Test Kit Type	Care 5 panel M/D test			Batch Number & use by date	20171101 exp 10/19				
Void Time	12:15	Temp	34	Temp time	12:17	Colour	yellow		
Result	Negative			Non-Negative					
MET	X	AMP	X	THC	X	COC	X	MOP	X

Signature of collector: _____ Test ID:

Dr Errol M. Liebenberg (MBBCh, DOH)
Occupational Health & Travel Medicine Practitioner
Southgate Business Park, Umbogintwini
P.O. Box 142 Umkomaas 4170
Tel: 031 914 4892
Fax: 031 914 4172

Employee Details

Employee 8509296 MR STEMBISO CHAMANE Mal
Birth date 1985-09-29 (33) Employed on - -
Department Company UBEJANE CRANES
Biological M Occupation GENERAL WORKER
Next Test 2020-10-16 Aux/ID. 8509296 8509296420088

Brief Audiogram History CHAMANE S 8509296

Date	TYP	.5K	1K	2K	3K	4K	6K	8K	.5K	1K	2K	3K	4K	6K	8K	Cat	PLH	PLH-Sh	PBI
2017-10-16 0948	SC	20	05	00	05	00	25	30	35	20	15	30	30	45	30	3B	3.6	?	0.0
2017-10-16 0955	SC	15	00	00	05	05	25	35	35	20	15	30	30	45	30	3B	3.1	?	0.0

BL-Baseline SC-Screening MO-Monitoring DI-Diagnostic
CO-Compensation BC-Baseline Comparison EX-Exit

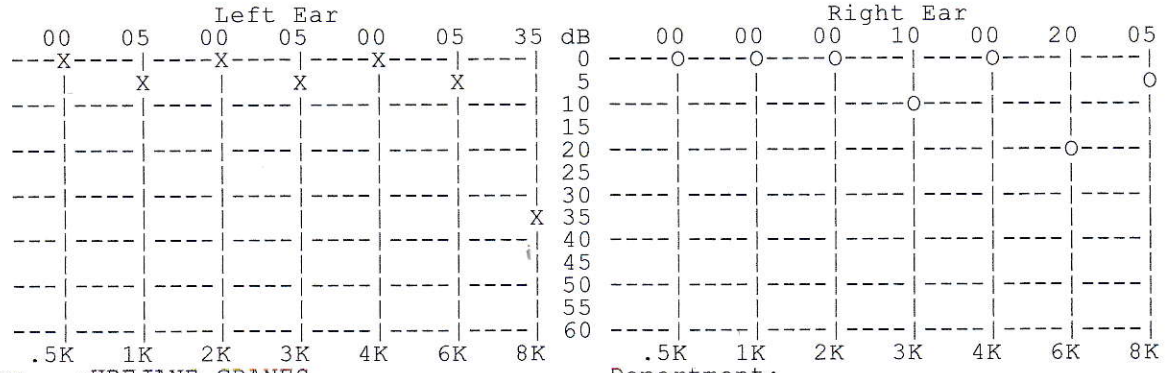
Deterioration from Baseline CHAMANE S 8509296

Date	TYP	Left Ear .5K	1K	2K	3K	4K	6K	8K	Right Ear .5K	1K	2K	3K	4K	6K	8K	PLH	DETER
Baseline or Compensation audiograms not found.																	
2018-10-16 1235	SC	00	05	00	05	00	05	35	00	00	00	10	00	20	05	1.1	?-

BL-Baseline SC-Screening MO-Monitoring DI-Diagnostic
CO-Compensation BC-Baseline Comparison EX-Exit

Screening Audiogram CHAMANE S 8509296 2018-10-16 123

PLH: 1.1% PLH Shift from Baseline: ?% Deterioration: ?dBHL Ear: Freq:
CAT:1 PBI: 0.0% RTS: 5 Ear:Lt Freq:8K ABHL: 2.50



Company :UBEJANE CRANES Department:
Biological: Occupation:GENERAL WORKER

Tested by Supervisor..... Employee's acceptance .....
Tremetrics RA300 Audiometer #2220 Calibration Date: 20180912

Employee Notes

-- End of document --

Dr Errol M. Liebenberg (MBChB, DOH)
Occupational Health & Travel Medicine Practitioner
Southgate Business Park, Umbogintwini
P.O. Box 142 Umkomaas 4170
Tel: 031 914 4992
Fax: 031 914 4172

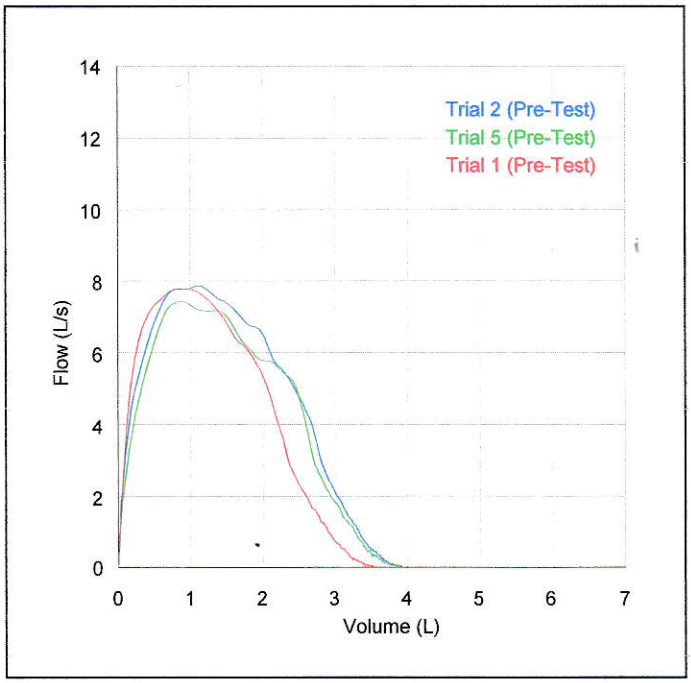
Lung Function Test Details
WORKMED - UMBOGINTWINI

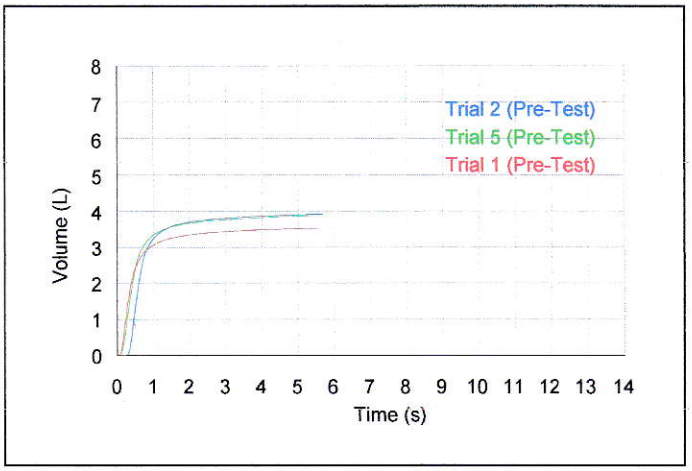
2018-10-16 13:15:38

IJEBWI15; clinic

atient Number:	8509296420088	**Gender & Ethnic:**	Male / African	**Company:**	PRIVATE
Patient Name:	Chamane, S	**Height & Weight:**	1.73 m / 86 kg (28.73)	**Department:**	
Identity No:	8509296420088	**Smoker:**	=?	**Position:**	GENERAL WORKER
Date of Birth:	1985-09-29	**Asthma:**	=?	**Service:**	
Test Date:	2018-10-16	**Test Time:**	13:14:23	**Operator:**	clinic
Predicted Ref:	ERS/ECCS * 0.9	**Session Quality:**	A	**Acceptable:**	3/5
Reproducable:	Yes	**Variability:**	FEV1 0.07L 1.97%, FVC 0.05L 1.25%		
Interpretation:					
Calibration:	Easy on-PC	**Calibration Time:**	2018-10-16 08:02:30	**Room Temperature:**	22.10 deg C
Spirometer S/N:	222233	**Operator:**	clinic	**Barometric Pressure:**	1,013.00 mm Hg
Syringe Serial No:	2007SY485	**Syringe Volume:**	3.00 L	**Relative Humidity:**	51.00 %

Parameter	Pred	Trial 2	Trial 5	Trial 1	Trial 4	Trial 3	Pred %
Acceptable	-	Yes	Yes	Yes	No	No	-
FVC (L)	4.29	3.92	3.87	3.53	3.80	3.53	91.38
FEV1 (L)	3.59	3.50	3.43	3.12	3.37	3.12	97.51
FEV1/FVC (%)	81.20	89.37	88.72	88.38	88.84	88.26	106.71
PEF (L/s)	9.35	7.86	7.44	7.77	9.27	6.33	84.08
FEF 25-75 (L/s)	4.64	5.40	5.06	4.60	4.96	4.60	116.47
FEF 75 (L/s)	2.32	2.34	2.12	1.75	1.95	1.93	100.82
FEF 50 (L/s)	5.18	6.51	5.83	6.10	6.85	5.43	125.68
FEF 25 (L/s)	8.02	7.81	7.31	7.77	9.21	6.10	97.44
FET	-	5.34	5.17	5.47	5.33	5.25	-



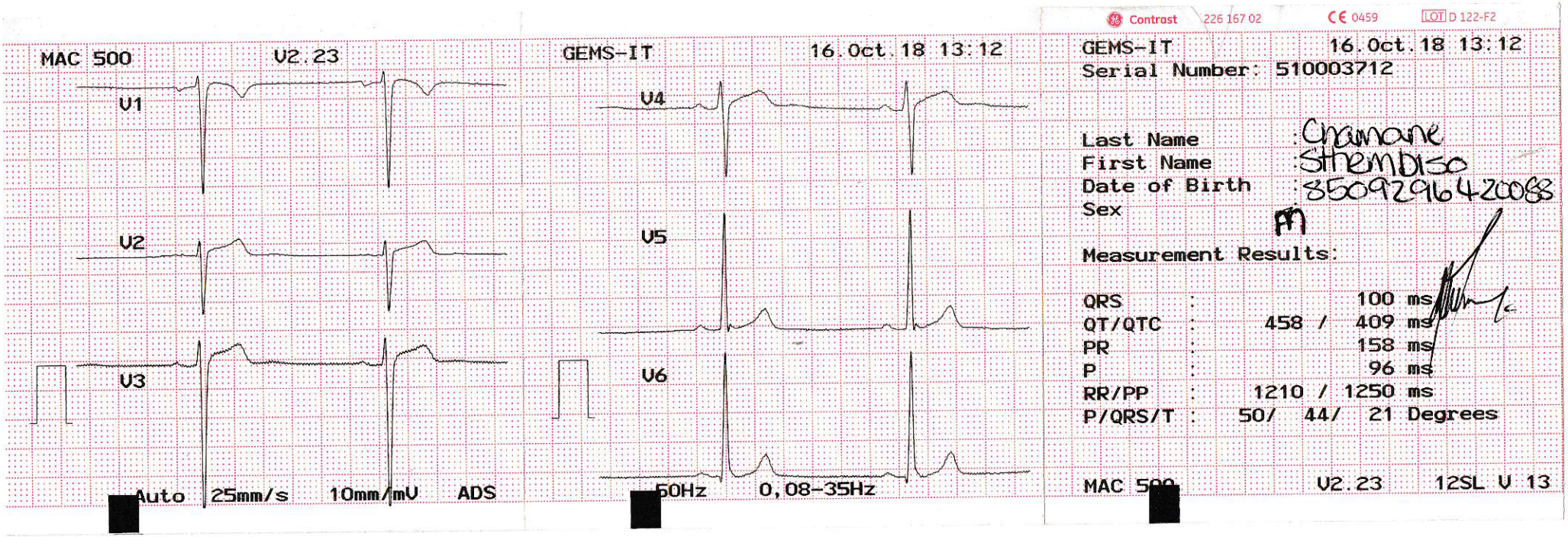


Notes

Acknowledgement >> Operator: Date: 16/10/18

Patient: Date: 16/10/18

Dr Errol M. Liebenberg (MBBCh, DOH)
Occupational Health & Travel Medicine Practitioner
Southgate Business Park, Umbogintwini
P.O. Box 142 Umkomaas 4170
Tel: 031 914 4692
Fax: 031 914 4172


MAC 500
V2.23
V1
V2
V3
Auto 25mm/s 10mm/mV ADS
GEMS-IT
16.Oct.18 13:12
V4
V5
V6
50Hz 0,08-35Hz
Contrast 226 167 02
CE 0459
LOT D 122-F2
GEMS-IT
16.Oct.18 13:12
Serial Number: 510003712
Last Name :Cramone
First Name :Sthembiso
Date of Birth :35092964200883
Sex M
Measurement Results:
QRS : 100 ms
QT/QTC : 458 / 409 ms
PR : 158 ms
P : 96 ms
RR/PP : 1210 / 1250 ms
P/QRS/T : 50/ 44/ 21 Degrees
MAC 500
V2.23
12SL V 13