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 Ntuli
Date : 16/10/2018
Position : Technician Assistant
I.D.No: 8906076288083

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 R6/4] 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:

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PHYSICAL EXAMINATION

Employee Name : S Ntuli

ID Number : 8906076288083

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 Erroi 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

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Step Test – Physical Work Capacity (Heat Stress Evaluation)

Employee name: SIYABONGA NTULI Initials S Sex: (M) / F

ID No: 8906076288083 D.O.B: 07-06-1989 Age: 28

Occupation/Job title: TECHNICIAN ASSISTANT 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: NAD

Remarks:

Employee Signature:

Examination

Height: 176 Weight: 67 Urine test: NAD

Blood sugar if indicated: N/A Body/Mass Index: 21

Initial BP Seated: 120/70 Pulse Rate: 56 Regular: Yes

Oedema: Y / [N] Cyanosis: Y / [N] Skeletal abnormality: NA

Pulse rate after 10 mins of exertion: 64 B.P: 130/80

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

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

Expiry Date: 16/10/19

Examiners' signature: X Double-Click to Sign

Company Stamp

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Drug Testing – Pre-test Questionnaire and Consent Form

Date	16-10-2018	**Time**	11:55

Surname	NTULI	First Name	SIYABONGA.
Gender	M	Department/Company	LIBHEJANE CRANES
Supervisor		Supervisor Contact Nº.	

Photo Identification

Type (Access card / ID doc)	ID.	Number	8906076288083
Nurse / Collector	J. Robinson	Signature	JRobinson

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.

1. Multivitamin + Vit BCO
2.

I Siyabonga Ntuli (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	Core 5 panel MD test			Batch Number & use by date				20171101 exp 10/19	
Void Time	1158	Temp	34.2	Temp time	12:00			Colour	yellow
Result		Negative		Non-Negative					
MET	X	AMP	X	THC	X	COC	X	MOP	X

Signature of collector: JRobinson

Test ID:

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Everest Audio ++ v2.04

Oct, 16 201
Page

Employee Details

Employee	890607 MR S NTULI			Mal
Birth date	1989-06-07 (29)	Employed on	- -	
Department		Company	UBEJANE CRANES	
Biological M		Occupation	GENERAL WORKER	
Next Test	2020-10-16	Aux/ID.	890607 890607288083	

Brief Audiogram History NTULI S 890607

Date	TYP	.5K	1K	2K	3K	4K	6K	8K	.5K	1K	2K	3K	4K	6K	8K	Cat	PLH	PLH-Sh	PBI
2017-10-16 1022	SC	00	00	00	00	10	10	25	00	05	05	10	10	15	25	1	1.1	?	0.0
2017-10-16 1027	SC	00	00	00	00	05	10	25	00	05	05	05	10	15	20	1	1.1	?	0.0

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

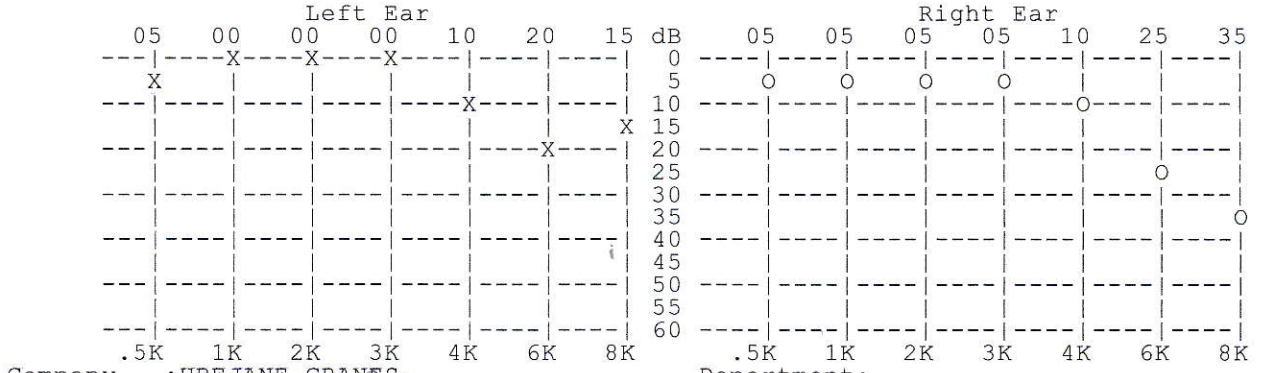
Deterioration from Baseline NTULI S 890607

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 1220	SC	05	00	00	00	10	20	15	05	05	05	05	10	25	35	1.1	?-

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

Screening Audiogram NTULI S 890607 2018-10-16 122

PLH: 1.1% PLH Shift from Baseline: ?% Deterioration: ?dBHL Ear: Freq:
CAT:1 PBI: 0.0% RTS:10 Ear:Lt Freq:6K ABHL: 3.13



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 --

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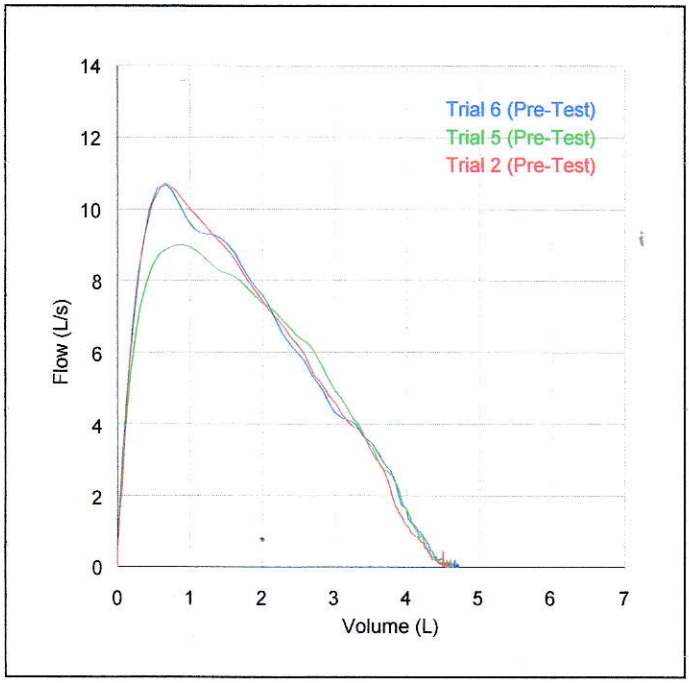
Lung Function Test Details
WORKMED - UMBOGINTWINI

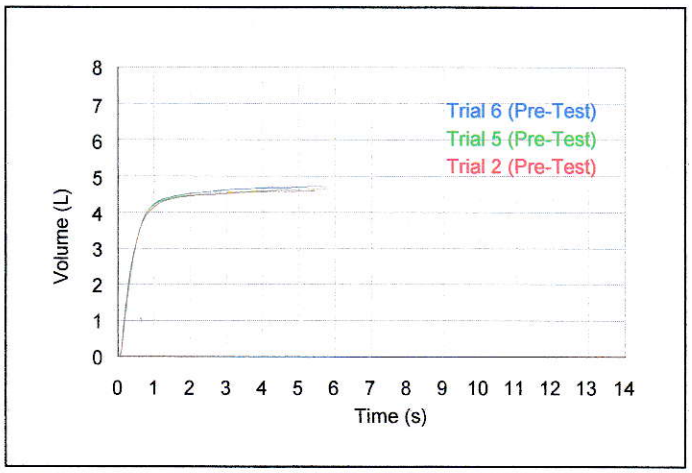
2018-10-16 12:55:15

IJEBWI15; clinic

atient Number:	8906076288083	**Gender & Ethnic:**	Male / African	**Company:**	PRIVATE
Patient Name:	NTULI, S	**Height & Weight:**	1.76 m / 67 kg (21.63)	**Department:**	
Identity No:	8906076288083	**Smoker:**	=?	**Position:**	GENERAL WORKER
Date of Birth:	1989-06-07	**Asthma:**	=?	**Service:**	
Test Date:	2018-10-16	**Test Time:**	12:53:09	**Operator:**	clinic
Predicted Ref:	ERS/ECCS * 0.9	**Session Quality:**	A	**Acceptable:**	3/6
Reproducable:	Yes	**Variability:**	FEV1 0.02L 0.43%, FVC 0.05L 1.15%		
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 6	Trial 5	Trial 2	Trial 4	Trial 3	Trial 1	Pred %
Acceptable	-	Yes	Yes	Yes	No	No	No	-
FVC (L)	4.54	4.72	4.64	4.59	4.66	4.59	4.07	103.91
FEV1 (L)	3.81	4.28	4.26	4.21	4.23	4.16	3.73	112.29
FEV1/FVC (%)	81.90	90.79	91.93	91.61	90.66	90.79	91.71	108.07
PEF (L/s)	9.71	10.73	9.01	10.69	6.70	6.20	4.26	110.52
FEF 25-75 (L/s)	4.87	5.77	6.08	6.01	5.39	5.48	3.69	118.46
FEF 75 (L/s)	2.50	3.35	3.40	3.44	4.03	4.17	3.91	133.86
FEF 50 (L/s)	5.42	6.19	6.73	6.62	5.56	5.72	3.79	114.27
FEF 25 (L/s)	8.30	9.32	8.62	9.65	6.65	5.95	3.10	112.35
FET	-	5.27	5.27	5.30	5.21	5.25	1.69	-





Notes

Acknowledgement >>

Operator: _____ Date: 16/10/18

Patient: _____ Date: 16/10/18

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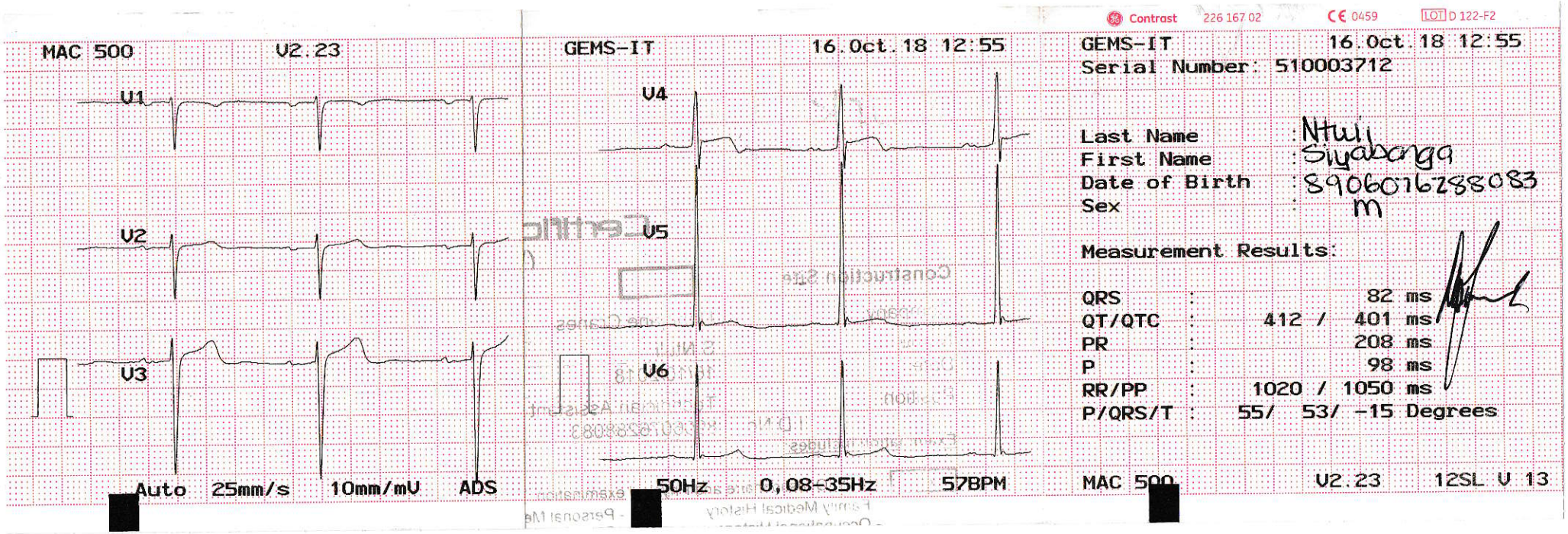
MAC 500
V2.23
V1
V2
V3
V4
V5
V6
Auto 25mm/s 10mm/mV ADS
50Hz 0,08-35Hz 57BPM
GEMS-IT
16 Oct 18 12:55
Contrast 226 167 02
CE 0459
LOT D 122-F2
GEMS-IT 16 Oct 18 12:55
Serial Number: 510003712
Last Name : Ntuli
First Name : Siyabonga
Date of Birth : 8906016288083
Sex : M
Measurement Results:
QRS : 82 ms
QT/QTC : 412 / 401 ms
PR : 208 ms
P : 98 ms
RR/PP : 1020 / 1050 ms
P/QRS/T : 55/ 53/ -15 Degrees
MAC 500 V2.23 12SL V 13