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Annexure 3

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

Medical Certificate of Fitness

Name of Employee _____ ID Number _____ Co. Number_____

	* Possible Exposures e.g. noise, heat, fall risk, confined space etc.	* Job Specific Requirements e.g. Operating Mobile Crane, Digging Trenches, Erecting Formwork & Supportwork etc.	* Protective Equipment e.g. Dust Respirator (Light Duty), Welding Gloves etc.
* Occupation e.g General Worker, Welder, Bricklayer, Steel fixer, Mobile Crane Operator, etc.			

*** 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 abovementioned 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 _____ Practice Number: _____ Date: _____

Address: _____