Annexure 3

Medical Certificate of Fitness

OCCUPATIONAL HEALTH AND SAFETY ACT. 85 OF 1993 **CONSTRUCTION REGULATIONS. 2014**

Name: …… ID No: …… Company No: ……..…..

OCCUPATION	POSSIBLE EXPOSURES																	JOB SPESIFIC REQUIREMENTS								PROTECTIVE EQUIPMENT										
	Noise > 85 dB(a)	Fall Risk	Confined Space	Heat	Vibration	Illumination	Electrical contact	Ergonomic stressors	Ultra Violet	Rough Terrain	Repetitive Strain	Strenuous Physical Work	Smoke	Gas	Fumes	Dust	Hazardous Chemical Substances	Operating Mobile Crane	Driver	Erecting Steel Work	Cutting and Grinding	Welding	Mobile Elevated Work Platform Operator	Rigging and Slinging	Boiler making Activities	Hard Hat	Respirator	Hearing Protection	Safety Shoes/Boots	Safety Glasses	Safety Goggles	Face Shield	Over All	Safety Harness	Dust mask	Apron / Spats / Yoke
Construction Manager																																			
Site Manager																																			
Superintendent																																			
Foreman																																			
Office / Administrative Personnel																																			
EHS Personnel																																			
QC Personnel																																			
Artisan																																			
Semi - Skilled																																			
General Labor																																			

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) …….. Signature: ……..

Practice Number: …… Date: …… Address: ……..