



labour

Department:
Labour
REPUBLIC OF SOUTH AFRICA

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To: SOUTH AFRICAN SOCIETY OF OCCUPATIONAL HEALTH NURSING PRACTITIONERS
PO BOX 26538, East Rand, 1462
Tel +0861 727 646
Fax 086 263 8757
Email office@sasohn.co.za

ATTENTION: PRESIDENT OF SASOHN MS DENISE MINNIE

CONSTRUCTION REGULATIONS 2014, ANNEXURE 3

Following your organisation's communication regarding the annexure 3 (which is the medical certificate of fitness) that was sent to the office of the Director Construction, Explosives and Major Hazard Installation on the 20th of June 2017, the response is as follows,

Similar forms to the Construction Regulations 2014 annexure 3 may be used provided that:

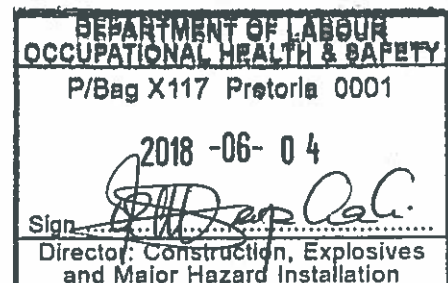
1. Such a similar form has all the requirements of the annexure 3 of the aforesaid regulations.
2. It promotes health and safety of employees and any affected persons.
3. No prejudice against employees and any affected persons.

The Occupational Risk Exposure Profile Annexure 3 form attached has been found to be an extension of the Annexure 3 of the Construction regulations and in the interest of the aforementioned provisions and may therefore be used.

Regards

Phumudzo Maphaha.

Director / Senior Specialist: Occupational Health and Safety.
Construction, Explosives and MHI.
Cell. 082 908 1995
Office: Tel. 012 309 4316 Fax. 012 320 0920



Official Stamp

Practice name and address CERTIFICATE OF FITNESS

Occupational Health and Safety Act, 85 of 1993; Construction Regulations, 2014, Annexure 3 compliant

To	
Company name	
Name of employee	
Surname of employee	
ID nr	
Job title	

*Possible Exposures <small>e.g. noise, heat, fall risk, confined spaces, etc</small>	*Job Specific Requirements <small>e.g. Operating Mobile Crane, Digging trenches, support work, etc</small>	*Protective Equipment <small>e.g. Dust Respirator, Working Gloves, Hearing protection, etc</small>

* The employer to complete the information in the table above before sending the employee for a medical examination

The following was done:

	Yes	N/A	Forklift driver	Heights	Chemical	PrDP	Other
* Special examination							
			Pre-employment	Baseline	Periodical	Exit	Other
* Medical Evaluation							
* Spirometry							
* Audiometry							
* Optometry							
* Other							

FINDINGS/RECOMMENDATIONS with regards to Person/Task specification Yes/No

1. Fit for job	Yes	No	
2. Not fit	Yes	No	
3. Fit with restrictions to the employer	Yes	No	Excluded from certain: TASKS: WORK AREAS
4. Fit with conditions to employee	Yes	No	Conditions:

Referred

Own healthcare provider		Optometrist	
OMP		Audiologist	
ENT Specialist		COID	
EWP		Other	

Exclusions

Forklift driving		Working on heights	
Driving		Other	
Noise Zones		Other	
Respiratory Risk Zones		Other	

To adhere to chronic regime as per own healthcare provider, and monthly monitoring at Occupational Health Clinic/own healthcare provider/Other YES / NO / NA

To be followed up on: *Date Place: Report to be submitted to*

Certificate expires on: _____

Declaration by the employee: I, the employee, have been fully informed regarding the tests and results and it can be made available to my company. I hereby agree to present myself for referrals and follow-up visits as necessary.

Declaration by the Occupational Health Practitioner: 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.

Employee Signature _____

OHNP Signature
SANC nr: _____

OMP Signature
HPCSA nr: _____

Date of examination _____

