

	SOUTH AFRICAN SOCIETY OF OCCUPATIONAL HEALTH NURSING PRACTITIONERS			DOCUMENT NUMBER:	N1
	POSITION STATEMENT ON THE EVOLVING ROLE AND FUNCTIONS OF AN OCCUPATIONAL HEALTH NURSE SPECIALIST			REVISION:	1.0
	APPROVED BY:	SASOHN President	NATURE OF CHANGES:	Revision	REV DATE:

2026¹ POSITION STATEMENT ON THE EVOLVING ROLE AND FUNCTIONS OF AN OCCUPATIONAL HEALTH NURSE SPECIALIST²

Executive Summary

SANC, as the regulatory authority under the Nursing Act, is empowered to establish and uphold the Scope of Practice³, Nursing Practice Standards⁴, Code of Ethics⁵ for nursing practitioners in South Africa and Competencies for Occupational Health Nurse Specialists⁶. SANC's objectives include maintaining professional conduct and practice standards for practitioners, as well as upholding professional and ethical standards within the nursing profession. Specifically, sections 4(1)(l)(i), (ii) and (iv) of the Nursing Act require SANC to define the scope of practice for nurses, the conditions under which nurses may practice their profession and establish the criteria for maintaining competency in the prescribed manner. In accordance with this regulatory framework, and the provisions of the OHSA, OHNSs are professionally mandated and appropriately qualified to fulfil prescribed critical roles and functions in the promotion and maintenance of workplace health and safety.

The position of SASOHN is that OHNSs are recognised as OHPs under the OHSA, MHSA and related regulations and guidelines. OHNSs are qualified, competent, and able to perform statutory occupational health functions within their SANC-regulated scope of practice, ensuring workplace health and safety compliance. This clarification is essential to support legal compliance, uphold nursing practice standards, and ensure consistent, high-quality occupational health services. Recognising OHNS in this role enhances workplace health outcomes and reinforces their critical contribution to employee well-being and safety.

¹ Approved by SASOHN on **13 May 2026**. Published on **18 May 2026**

² Prepared by and on behalf of SASOHN by Lindie Jansen van Rensburg, Kim Davies, Natalie Copeling. Reviewed by Webber Wentzel Attorneys.

³ Government Notice 2127 in Government Gazette 46471 (3 June 2022)

⁴ Board Notice 673 of 2024 in Government Gazette 51352 (4 October 2024)

⁵ The South African Nursing Code of Ethics provides the foundation for professional conduct and decision-making. It obliges all nurses to protect, promote, and restore health while upholding human rights, dignity, and diversity. Core principles—justice, beneficence, non-maleficence, autonomy, fidelity, veracity, and altruism—inform ethical decision-making in care delivery, research, education, and administration. Nurses are accountable for acting truthfully, respecting autonomy, preventing harm, advocating for fairness, and maintaining professional competence, particularly when facing complex or conflicting circumstances. In occupational health nursing, ethical practice includes maintaining worker confidentiality and privacy, balancing employer obligations with worker autonomy and informed consent, managing conflicts of interest, and ensuring safety in hazardous work environments. These principles provide a robust framework for resolving complex issues, such as disclosing workplace exposure risks, addressing discrimination, or responding to health-related workplace concerns. Upholding these standards affirms the integrity and accountability of OHNSs and aligns with national legislation and professional regulatory requirements.

⁶ South African Nursing Council *Competencies for Occupational Health Nurse Specialist (OHN)* (April 2013).

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Professional nurses who hold a specific additional qualification in occupational health⁷ fall within the group of persons defined as OHPs in the OHSA and are legally permitted to perform the duties placed upon OHPs in that legislation. SASOHN reminds all members that it is incumbent on nurses to ensure that required specialist qualifications are obtained and that ethical and legal consequences may arise for any practitioner who contravenes relevant legislation.


Abbreviations

The following abbreviations are used in this position statement:

COF	Certificate of Fitness
HPA	Health Professions Act, 1974 (Act No. 56 of 1974)
HPCSA	Health Professions Council of South Africa
MHSA	Mine Health and Safety Act, 1996 (Act No. 29 of 1996)
Nursing Act	Nursing Act, 2005 (Act No. 33 of 2005)
OHSA	Occupational Health and Safety Act, 1993 (Act No. 85 of 1993) and the regulations promulgated in terms of the OHSA
OHNS	Occupational Health Nurse Specialist
OHP	Occupational Health Practitioner
OMP	Occupational Medicine Practitioner
PN	Professional Nurse
SANC	South African Nursing Council
SASOHN	South African Society of Occupational Health Nursing Practitioners
SASOM	South African Society for Occupational Medicine
WHO	World Health Organisation

⁷ For professional nurses, their qualification in occupational health should be reflected as either an additional qualification or a listed qualification on their annual practicing certificate

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Relevant definitions


- **Medical practitioner** - means a person registered as such under the HPA.
- **Medical surveillance (OHSA)** - means a planned programme of periodic examination (which may include clinical examinations, biological monitoring or medical tests) of employees by an occupational health practitioner or, **in prescribed cases**, by an occupational medicine practitioner.
- **Medical surveillance (MHSA)** – means a planned programme of periodic examination, which may include clinical examinations, biological monitoring or medical tests of employees by an occupational health practitioner or by an occupational medical practitioner contemplated in section 13 of the MHSA.
- **Occupational Health Practitioner (OHSA)** – means an occupational medicine practitioner or a person who holds a qualification in occupational health recognised as such by the South African Medical and Dental Council⁸ as referred to in the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act No. 56 of 1974)⁹, or the South African Nursing Council as referred to in the Nursing Act 1978 (Act No. 50 of 1978)¹⁰.
- **Occupational Medicine Practitioner (OHSA)** – means a medical practitioner as defined in the HPA, who holds a qualification in occupational medicine or an equivalent qualification which qualification or equivalent is recognised as such by the HPCSA referred to in the said Act.
- **Occupational Medical Practitioner (MHSA)** – means a medical practitioner who holds a qualification in occupational medicine, or an equivalent qualification, recognised by the HPCSA.
- **Professional Nurse (Nursing Act)** - means a person registered as such in terms of section 31 of the Nursing Act. Section 30 (1) states that a professional nurse is a person who is qualified and competent to independently practice comprehensive nursing in the manner and to the level prescribed and who is capable of assuming responsibility and accountability for such practice.
- **Scope of practice (Nursing Act)** - means the scope of practice of a practitioner that corresponds to the level contemplated in Section 30, in respect of that practitioner. Per the Regulations Regarding the Scope of Practice for Nurses and Midwives, 2022 this means the parameters within which a category of nurse or midwife may practice.

⁸ Now known as the Health Professions Council of South Africa

⁹ Now known as the Health Professions Act, 1974

¹⁰ Now replaced by the Nursing Act, 2005 (Act 33 of 2005)

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Introduction

The aim of this 2026 statement is to ratify and communicate SASOHN’s views on the roles and functions of the OHNS. This position paper updates the position paper published by SASOHN in 2015 to cater for more recent developments including updates to applicable legislation, consideration of ethical matters that impact the nursing practitioner, consideration of the competencies of OHNS and application of the latest Scope of Practice.

The position of SASOHN is that OHNSs are recognised as OHPs under the OHSA, MHSA and related regulations and guidelines. OHNSs are qualified, competent, and able to perform statutory occupational health functions within their SANC-regulated scope of practice, ensuring workplace health and safety compliance. This clarification is essential to support legal compliance, uphold nursing practice standards, and ensure consistent, high-quality occupational health services. Recognising OHNS in this role enhances workplace health outcomes and reinforces their critical contribution to employee well-being and safety.


Background

Occupational health is defined by the WHO as “*an area of work in public health to promote and maintain the highest degree of physical, mental and social well-being of workers in all occupations*”. The objectives of occupational health are the maintenance and promotion of workers' health and working capacity, the improvement of working conditions and the working environment to become conducive to health and safety, the development of work organisation and working cultures that should reflect essential value systems adopted by the undertaking concerned, and include effective managerial systems, personnel policy, principles for participation, and voluntary quality-related management practices to improve occupational health and safety¹¹. The science and practice of occupational health involve several disciplines, such as occupational medicine, nursing, ergonomics, psychology, hygiene, safety and others.

The OHSA and its regulations outline employer responsibilities to ensure and maintain a work environment that is safe and free from health or safety risks. This includes conducting risk-based fitness-for-work health assessments for employees involved in high-risk activities and establishing a system of occupational health medical surveillance for those exposed to workplace hazards.

¹¹ www.who.int/health_topics/occupational-health – accessed 16 March 2026

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Occupational health medical surveillance serves as a critical risk control measure to protect employee health and safety in the workplace.

Various laws place the responsibility on employers to ensure that occupational health medical surveillance including health assessments are conducted by appropriately designated professionals. It is the duty of these professionals to assist the employer in ensuring that it complies with legal requirements regarding occupational health and safety. Therefore, employers must appoint or engage qualified and registered healthcare professionals as defined by relevant legislation. The OHS Act and its regulations include references to, among others, OHPs and OMPs as designated healthcare professionals for specific occupational health tasks in various regulations. Notably, in most instances these explain where express duties and roles are placed on and can be performed by an OHP as defined.

OHNs operate at the critical intersection of employee wellbeing, employer interests, legislation, and public health. Their role requires adherence to the highest ethical standards to balance confidentiality with workplace safety, advocate for vulnerable workers, and ensure equitable access to occupational health services. Ethical conduct underpins trust among workers, employees, employers, and professional colleagues, guiding OHNSs in sensitive matters such as fitness-to-work assessments, involvement in fitness-to-work certification, workplace injuries and diseases, rehabilitation, and employer and employee rights. Maintaining ethical integrity safeguards legal compliance, protects the credibility of occupational health practice, and promotes safer, healthier workplaces.

The South African Nursing Code of Ethics provides the foundation for professional conduct and decision-making. It obliges all nurses to protect, promote, and restore health whilst upholding human rights, dignity, and diversity. Core principles—justice, beneficence, non-maleficence, autonomy, fidelity, veracity, and altruism—inform ethical decision-making across all nursing contexts. In occupational health practice specifically, these principles guide practitioners in maintaining worker confidentiality and privacy, balancing employer obligations with worker autonomy and informed consent, managing conflicts of interest, and ensuring health and safety in hazardous work environments. These principles provide a robust framework for resolving complex issues, such as disclosing workplace exposure risks, addressing discrimination, or responding to health-related workplace concerns. Upholding these standards affirms the integrity and accountability of OHNSs and aligns with national legislation and professional regulatory requirements.

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SANC has developed competencies for Occupational Health Nursing to provide a clear framework for the knowledge, skills, and professional attributes required of nurses practicing in this specialised field. Historically, these competencies evolved in response to the increasing recognition of occupational health as a critical component of worker well-being, workplace safety, and national productivity. Their purpose is to guide education and training, inform scope of practice, ensure consistent nursing practice standards, and support occupational health nurses in delivering evidence-based, ethical, and legally compliant care to workers across diverse industries.

Nurses within each registration category are expected to practice within their respective scopes of practice. Section 30 of the Nursing Act describes the ‘scope’ of the profession of a professional nurse as follows: *“A professional nurse is a person who is qualified and competent to independently practice comprehensive nursing in the manner and to the level prescribed and who is capable of assuming responsibility and accountability for such practice.”*

Regulations relating to the scope of practice were published previously under the Nursing Act, 1978. More recently, a revised scope of practice was published under the Nursing Act. Section 2 refers to the Scope of Practice of the professional nurse and outlines the activities for which they take responsibility and accountability.


Position

The OHSA or MHSA (depending on the nature of the workplace) are the principal pieces of legislation in South Africa which govern the health and safety of employees and others in the workplace.

The OHSA distinguishes between an OMP and an OHP. The fundamental difference between the two lies in the qualifications that each of these practitioners is expected to hold. An OMP refers only to a professional medical doctor who has a qualification and speciality in occupational medicine and who is recognised as such by the HPCSA. An OHP is a wider term and can refer to an OMP or a person who holds a qualification in occupational health recognised as such by certain regulatory bodies. This includes an OHNS, being a professional nurse holding an occupational health nursing qualification recognised by SANC.

Where the OHSA and its regulations require that specified tasks and duties be performed by an OHP, employers may elect to have these performed by either an OMP or another person holding a recognised occupational health qualification under the HPA or Nursing Act. OHNS hold such recognised qualifications and act within their permitted scope of practice when performing services allocated by the OHSA and/or MHSA and their respective applicable regulations.

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Under the MHSA, occupational health examinations must be conducted by an appointed OMP. Employers are required to appoint and authorise a registered OMP to fulfil this role. The occupational health duties set out in the MHSA are expressly reserved for OMPs and for this reason this position statement does not comment further on those duties. Instead, this position statement focusses on the duties placed on OHPs as defined by the OHS Act, particularly OHPs and therefore OHNS, who fall within the definition of OHPs.

The OHS Act and its regulations are developed to address emerging risks to occupational health and safety and in efforts to respond to stakeholder and industry engagement on the legislation. Recent legislative developments implemented further underscore the role and involvement of OHPs – and not only OMPs – in the implementation of occupational health systems and surveillance.


OHNSs whose conduct contravenes the OHS Act may expose themselves to disciplinary and criminal proceedings by their own regulatory body (SANC) to the extent that such conduct also constitutes unprofessional or unethical conduct according to SANC and its regulations and professional rules.

For nurses, the 'Regulations setting out the acts or omissions in respect of which the SANC may take disciplinary steps'¹² set out some of the acts or omissions in respect of which SANC may take disciplinary steps against a practitioner. These include (i) the performance of professional acts in relation to the health care user which are beyond the nurse's scope of practice, except in cases of emergency, (ii) any conduct bringing the profession into disrepute (iii) supporting or assisting any person in illegal practices or actions in any manner whatsoever, (iv) conducting oneself in a manner that harms the dignity or the honour of the nursing profession, and (v) contravening the Code of Ethics published and enforced by SANC.

The ethical foundation of OHNSs practice is central to ensuring safe, equitable, and legally compliant workplaces. Grounded in the South African Nursing Code of Ethics, these practitioners are required to uphold principles of justice, beneficence, non-maleficence, autonomy, veracity, fidelity, and altruism. By balancing employee health needs with employer obligations, maintaining confidentiality, and advocating for vulnerable workers, OHNSs demonstrate accountability, integrity, and respect for human dignity. Ethical practice not only safeguards nursing practice standards

¹² Published in Government Gazette Notice R756 of 1 October 2014

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but also strengthens trust between healthcare users, employers, and the broader community, thereby ensuring credibility and sustainability within occupational health nursing.

As the regulatory authority constituted under the Nursing Act, SANC is empowered to establish and uphold the Scopes of Practice, Nursing Practice Standards, Code of Ethics for nursing practitioners in South Africa and Competencies for OHNS. Legislation mandates that SANC’s objectives include maintaining professional conduct and nursing practice standards for practitioners, as well as upholding professional and ethical standards within the nursing profession. Additionally, Section 4(1)(l)(i), (ii) and (iv) requires SANC to define the scope of practice for nurses, the conditions under which the nurses may practice their profession and establish the criteria for maintaining competency in the prescribed manner.

The **Scope of Practice** defines the boundaries within which nurses may operate, describing the roles, functions, and responsibilities they are educated, competent, and legally authorised to perform. It provides a broad framework that is shaped by the nurse’s qualifications, the healthcare setting, employer policies, and legislation, ensuring that nurses practise safely within their professional and legal limits.

In contrast, **Practice Standards** are authoritative statements developed by the profession and enforced by regulatory bodies. They articulate the expectations and responsibilities of nurses, serving as benchmarks for safe, competent, and ethical care. Practice Standards represent best practice, guide evaluation of nursing care, and act as a reference point for accountability to the public, employers, and professional peers.

Competencies describe the combination of knowledge, skills, judgment, attitudes, and abilities required for effective nursing practice. They are the measurable attributes that allow nurses to meet practice standards and demonstrate their ability to provide safe and ethical care in specific roles and settings. Unlike scope (which outlines what nurses may do) and standards (which define how practice should be carried out), competencies focus on how well a nurse can integrate and apply knowledge in practice. Together, the three concepts are interconnected: the Scope of Practice sets the boundaries, the Practice Standards define expectations within those boundaries, and the Competencies provide the framework for assessing whether nurses can meet those expectations.

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The Competencies for OHNSs as published by SANC reflect the knowledge, skills, and attitudes needed to deliver occupational health nursing at a specialist level. These include the ability to integrate occupational health sciences (toxicology, ergonomics, industrial hygiene), nursing science, and business management to provide comprehensive workplace healthcare. Specific competencies include advanced clinical decision-making in occupational health, identifying and mitigating workplace hazards, managing disability and rehabilitation, and conducting research to inform practice. OHNSs must also demonstrate strong consultation and communication skills, the ability to educate and train workers on health and safety, and adaptability to changing workplace risks. Lifelong learning and continuous professional development are core competencies to ensure ongoing effectiveness in specialist occupational health practice.

Professional standards published by various stakeholders (such as WHO, International Labour Organization, International Commission on Occupational Health), for OHNSs represent the expected benchmarks of safe and ethical practice in occupational health. These standards emphasise providing evidence-based care, maintaining confidentiality, and exercising specialised judgment in managing the worker–work–environment relationship. OHNSs are accountable for ensuring accurate fitness-to-work assessments, applying advanced pathophysiology in workplace disease management, and providing leadership in health promotion and risk prevention programmes. They must demonstrate ethical decision-making, maintain professional boundaries, and ensure that services meet both employer obligations and employee health rights. Standards also require OHNSs to promote a culture of prevention, advocate for healthy and safe workplaces, and collaborate effectively with interdisciplinary teams, employers, and employees.

A nurse may only practice if they are registered with SANC, as required by section 31 (1) of the Nursing Act. The practitioner’s registration category is reflected on the annual practice certificate issued by SANC upon payment of the annual fee.

Section 31(1) of the Nursing Act lists a minimum of five categories of registration for nurses at SANC. These are: (i) Professional Nurse, (ii) Midwife, (iii) Staff Nurse, (iv) Auxiliary Nurse, and (v) Auxiliary Midwife. The Minister of Health is empowered by section 31(2) to create other categories of persons registered to practice nursing. In 2014, the following further categories of practitioners were introduced: (i) Nurse Specialist, and (ii) Midwife Specialist.¹³ These are practitioners who hold an additional qualification in terms of section 34 of the Nursing Act.

¹³ Government Notice 368 published in Government Gazette 37644 on 15 May 2014.

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Initially, Regulation 238¹⁴ introduced a registrable additional qualification known as the Certificate in Occupational Health Nursing. On completion of the prescribed course of study, candidates were issued with a certificate for registration of an additional qualification by SANC.

The certificate regime was replaced by Regulation 212¹⁵ which introduced a course in Clinical Nursing Science whereby registered professional nurses could complete one of seven additional clinical nursing qualifications, registrable as additional qualifications with SANC. Occupational Health Nursing was one of these qualifications. If obtained under Regulation 212, it is registered as a post-basic specialisation qualification and displayed on the annual practising certificate. Qualifications obtained prior to or outside of Regulation 212 (and the Teaching guide which accompanied it), are shown as 'listed qualifications' by SANC on the annual practising certificate.

Since 2020, the nurse specialist qualifications are administered in terms of Regulation 635¹⁶. Although the nursing educational and qualification framework has now been aligned to the Higher Education Qualifications Sub-Framework, these qualifications, including the currently offered Postgraduate Diploma in Occupational Health Nursing, are treated in the same way as existing additional qualifications and are reflected as such on the annual practising certificate.

According to SANC, a professional nurse may not practice post-basic nursing with a qualification which is only reflected as a 'listed qualification' on the annual practising certificate¹⁷. However, by means of correspondence addressed to SASOHN on 14 October 2010 (Annexure D)¹⁸, the SANC registrar confirmed that despite the implementation of changes to the manner in which qualifications are listed and displayed in official documentation, SANC continues to recognise those qualifications. In particular, SANC confirmed that a listed qualification in occupational health nursing is recognised by

¹⁴ Regulations for the Certificate in Occupational Health Nursing - published in Government Notice R238 in Government Gazette 7401 on 13 February 1981. Repealed by GN R1747 published in Government Gazette 9385 on 17 August 1984.

¹⁵ Regulations relating to the Course in Clinical Nursing Science Leading to Registration of an Additional Qualification - published in Government Notice R212 in Government Gazette 14582 on 19 February 1993 and as amended by Government Notice R 74 dated 17 January 1997. Repealed and replaced by Government Notice 635 in Government Gazette 43398 on 5 June 2020.

¹⁶ Regulations relating to the Approval of and the Minimum Requirements for the Education and Training of a Student Leading to Registration as a Nurse Specialist or Midwife Specialist - published in Government Notice 635 in Government Gazette 43398 (5 June 2020)

¹⁷ Circular 2/2007 Discontinuation of listing of short courses by SANC

¹⁸ See Annexure D - SANC Letter: Changes regarding Listed Qualifications. 14 October 2010.

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it as a qualification for purposes of OHS Act and all regulations made thereunder. By means of further correspondence addressed to SASOHN on 24 August 2011¹⁹ (Annexure E), SANC has confirmed that nurses who hold the post-basic qualification in Occupational Health Nursing Science and have registered it with SANC as an additional qualification are recognised as occupational health nurses by SANC and eligible to practice as such.

The current Scope of Practice regulations do not expressly refer to or include occupational health nursing in a description of the scope of practice of a professional nurse, nor do these refer to any holders of additional qualifications. OHNSs are thus required to render nursing services within the broad parameters of the scope of practice for professional nurses, while having regard to the specific competencies for OHNSs as published by SANC. The Minister may prescribe further scopes of profession and practice for nurse specialists in future, in terms of the prerogative contained in section 30(5) of the Nursing Act.

SASOHN's View

SASOHN recognises the Occupational Health Nurse Specialist with the registered additional and / or listed qualification in occupational health nursing as the OHNS who complies with the applicable intersecting requirements of healthcare and labour laws.


SANC has confirmed that occupational health nursing qualifications (post-basic or listed) are recognised by it as qualifications in occupational health for purposes of OHS Act. Thus, OHNSs who hold these qualifications function as OHPs and may issue certificates of fitness where that is permitted by the relevant legislation, and may perform other occupational health medical surveillance, without falling foul of professional ethics or legislation.

Therefore, SASOHN's stance is that SANC has confirmed its policy with regards to the recognition of OHNSs, and that this meets the definition of an OHP in the OHS Act. As such, this entitles OHNSs to all the rights, duties and obligations attendant upon acting in that capacity under the OHS Act.

As explained above, the scope of practice of a registered professional nurse outlined in the Scope of Practice Regulation does not explicitly refer to occupational health nursing.

¹⁹ SANC Letter: Clarification on the Status of Occupational Health Nursing Science Qualification. 24 August 2011. See Annexure E

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This is in keeping with the nature and object of a scope of practice for each category of the profession as a whole, which is to provide a general description of services which each category of practitioner is qualified to provide. Being framed in broad terms, the Scope of Practice for Professional Nurses enables practitioners to meet the obligations and duties placed upon them by workplace and hazard-specific legislation.

For ease of reference, SASOHN has prepared a summary of specific legislation that addresses the involvement of OHPs and OMPs, attached as **Annexure A**. Further, **Annexure B** lists legislation which expressly empowers OHPs to play an active and specified role in occupational health matters.


SASOHN reminds members to exercise caution in only performing duties for which they are qualified in terms of the current educational framework as well as the current Scope of Practice. Current professional indemnity insurance (SASOHN affiliated) is only intended to cover the professional nurse and OHNS working in an occupational health environment but within their scope of practice as contained in legislation. Details of the professional indemnity insurance available to SASOHN members and what it intends to cover may be obtained from the current insurer.

Recommendation

SASOHN's position is based on the current statutory regime and interpretation of the Scope of Practice, read with the Guidelines and clarifications provided by SANC. To avoid further debate and possible inconsistency in application, and advice to nurses, SASOHN recommends that a specific scope of practice for occupational health nurse specialists be developed, while retaining the recognised need for a broad basis of interpretation.

Call to Action: a specific, broad, scope of practice for the occupational health nurse specialist.

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Conclusion

Empowering OHNSs to practise fully within their scope ensures compliance with the Nursing Act, which recognises defined scopes of practice, nursing practice standards, code of ethics and competencies. By enabling OHNSs to perform occupational health services, organisations fulfil their obligations under national legislation and the Constitution, which guarantees employees the right to a healthy and safe work environment. Allowing OHNSs to function fully in their roles ensures that legal requirements for workplace health and safety are consistently met.

OHNSs are bound by the Code of Ethics for Nursing Practitioners in South Africa, which requires them to advocate for vulnerable workers, respect human rights and dignity, and prevent harm. Their ability to provide workplace assessments, fitness-to-work assessment, occupational health medical surveillance, and risk management directly supports the ethical obligation to protect employees from occupational hazards. Enabling OHNSs to operate independently within their competencies safeguards fairness, promotes equity in access to health services, and ensures that workers' health rights are upheld across all industries.

OHNSs bring a unique combination of clinical expertise, workplace risk knowledge, and understanding of business operations. This allows them to balance employer requirements with employee health needs. Their contributions support broader occupational health objectives, including reducing work-related illnesses and injuries, improving workforce productivity, and fostering a healthy and safe organisational culture.

A comprehensive summary of the statutory and regulatory instruments, including Acts, regulations, and applicable guidelines, which support the delegation of occupational health functions to OHNS is provided in the Annexures to this position statement.



Joan Visser
SASOHN NATIONAL PRESIDENT
May 2026

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ANNEXURE A – LEGISLATION REGULATING THE INVOLVEMENT OF OMPS AND OHPS IN HEALTH ASSESSMENTS AND CERTIFICATES OF FITNESS

ITEM	LEGISLATION TITLE	REGULATION / SECTION	APPOINTED PERSON TO PERFORM FUNCTION
1	Civil Aviation Act No 13 of 2009 Civil Aviation Regulations, 2011 published in GNR425 dated 1 June 2012	Reg 67.00.4	<p>“medical assessment” means the evidence issued by a Contracting State that the licence holder meets specific requirements of medical fitness.</p> <p>“medical assessor” means a physician, qualified and experienced in the practice of aviation medicine, who evaluates medical reports submitted to the Authority by medical examiners.</p> <p>“medical examiner” means a physician, with training in aviation medicine and practical knowledge and experience of the aviation environment, who is designated by the Director to conduct medical examinations of fitness of applicants for licences or ratings for which medical requirements are prescribed, and in the context of these Regulations, refers to the aviation medical examiner designated by the Director in terms of Part 67.</p> <p>Designation of aviation medical examiners. (1) The Director may, after consultation with the designated body or institution, designate aviation medical examiners to perform medical examinations or tests required for the issuing of medical certificates.</p>

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			<p>(2) The conditions and requirements for and the rules, procedures and standards connected with a designation referred to in sub-regulation (1) shall be as prescribed in Document SA-CATS 67.</p> <p>(3) The Director shall sign and issue to each DAME a document which shall state the full name of such aviation medical examiner and contain a statement that—(a) such aviation medical examiner has been designated in terms of sub-regulation (1); and (b) such aviation medical examiner is empowered to— (i) perform the medical examination or test required for the issuing of the appropriate medical certificate; (ii) subject to the provisions of regulation 67.00.8, issue such medical certificate; or (iii) defer the issuing of such medical certificate pending an appropriate instruction from the designated body or institution.</p> <p>(4) In considering an application for designation as an aviation medical examiner, the Director may conduct an investigation that he or she deems necessary: which may include pre-audited to assess competence, suitability of the facility, equipment and personnel prior to designation.</p> <p>(5) The medical assessor shall conduct periodic oversight of the competence of all designated aviation medical examiners to assess suitability of their facilities, equipment and training of their personnel.</p>

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			(6) The conditions and requirements for and the rules, procedures and standards connected with the competence, suitability of the facility, equipment and training of their personnel as referred to in sub-regulation (1) shall be as prescribed in Document SA-CATS 67.
		67.00.5	<p>Class 4 medical certificates. (1) Notwithstanding the provisions of regulation 67.00.4, any medical practitioner who is registered in terms of Section 17 of the Medical, Dental and Supplementary Health Service Professions Act, 1998 (Act No. 1 of 1998), may perform a medical examination for the purpose of the issuing of a Class 4 medical certificate.</p> <p>(2) The provisions of regulations 67.00.7 (1) and (2) applies with the necessary changes to an application for the issuing of a Class 4 medical certificate.</p> <p>(3) The medical practitioner concerned shall, within 60 days from the date on which the medical examination has been performed, submit the application together with any appropriate—(a) supporting medical reports; and (b) results of medical examinations or tests performed; to the designated body or institution for the verification of the application and the issuing of the medical certificate.</p>

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			<p>(4) An applicant who complies with the appropriate medical requirements and standard referred to in regulation 67.00.2 (6), shall be entitled to a medical certificate.</p> <p>(5) On receipt of the documents referred to in sub-regulation (3), the designated body or institution shall—(a) verify the application concerned; and (b) if the applicant complies with the appropriate medical requirements and standards referred to in sub-regulation 67.00.2 (6), issue the medical certificate.</p> <p>(6) The designated body or institution may, if a medical conclusion requires that— (a) medical examinations or tests be performed at shorter intervals; or (b) additional examinations or tests be performed, endorse the medical certificate with such requirement or limitation.</p>
		67.00.6	<p>Period of validity of medical certificates. (1) A Class 1 medical certificate shall, subject to sub-regulation (5) be issued for a period of— (a) twelve (12) calendar months, calculated from the last day of the calendar month in which the medical certificate is issued, where the applicant is less than 40 years of age on the date on which the medical certificate is issued; (b) six (6) calendar months in the case of an airline transport pilot (aeroplane or helicopter), engaged in single-crew commercial air transport operations, calculated from the last day of the calendar month in which the medical certificate is issued, where the applicant is 40 years of age or more on the date on</p>

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			<p>which the medical certificate is issued; (c) twelve (12) calendar months in the case of an airline transport pilot (aeroplane or helicopter), engaged in multi-crew commercial air transport operations, calculated from the last day of the calendar month in which the medical certificate is issued, where the applicant is 40 years of age or more, but less than 60 years of age, on the date on which the medical certificate is issued; (d) twelve (12) calendar months in the case of a commercial pilot (aeroplane or helicopter), calculated from the last day of the calendar month in which the medical certificate is issued, where the applicant is 40 years of age or more, but less than 60 years of age, on the date on which the medical certificate is issued; (e) six (6) calendar months in the case of a pilot as specified in subparagraph (c) and (d), where the applicant is 60 years of age or more.</p> <p>(2) A Class 1 medical certificate referred to in sub-regulations (1) (c) and (d) shall be valid subject to the condition that the holder— (a)</p> <p>submits a six (6) monthly medical report, if he or she has a medical disease or risk factor for which he or she receives regular treatment by his or her treating physician or DAME, and the report shall include— (i) nature of disease or risk factor; (ii) information regarding control of risk factors</p>

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			<p>or disease; (iii) complications that have developed as a result of the disease or risk factor; and (iv) type of treatment and side-effects of treatment;</p> <p>(b) submits an annual follow-up blood test where applicable; and</p> <p>(c) adheres to the requirements of any Schedule or Protocol as detailed in Document SA-CATS 67, where applicable.</p> <p>(3) A medical certificate shall, subject to sub-regulation (5), be valid for a period of— (a) in the case of Class 2 certificate, 60 months calculated from the last day of the calendar month in which the medical certificate is issued where the holder is less than 40 years of age; (b) in the case of Class 3 certificate, 48 months calculated from the last day of the calendar month in which the medical certificate is issued where the holder is less than 40 years of age; (c) 24 months, in the case where the holder of a Class 2 or Class 3 medical certificate has passed his or her 40th birthday; (d) 12 months, when the holder of a Class 2 or Class 3 medical certificate has passed his or her 50th birthday.</p> <p>(4) A Class 4 medical certificate shall, subject to sub-regulation (5), be issued for a period not exceeding— (a) sixty (60) calendar months, calculated from the last day of the calendar month in which the medical certificate is issued, where the applicant is less than 40 years of age on the</p>

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			<p>date on which the medical certificate is issued; and (b) thirty six (36) calendar months, calculated from the last day of the calendar month in which the medical certificate is issued, where the applicant is 40 years of age or more on the date on which the medical certificate is issued.</p> <p>(5) Notwithstanding the provisions of sub-regulations (1) to (4), a DAME or a medical assessor may reduce the period of validity of a medical certificate and endorse such medical certificate with the reason for the reduction or with any limitation— (a) if any indication requires medical examination or test to be performed; or (b) when the safe performance of the duties essential to the operation of an aircraft executed by the holder of such medical certificate, depends on a reduction in the period of validity of such medical certificate or compliance with any special limitation.</p> <p>(6) (a) The holder of a medical certificate shall, at least 15 days immediately preceding the date on which such medical certificate expires, apply for the extension of such medical certificate.</p> <p>(b) Notwithstanding the provisions of sub-regulations (1), (2), (3), (4) and (5), the Director may, on such conditions as he or she considers necessary, extend the medical certificate for a period not exceeding 30 days.</p>

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		67.00.8	<p>Issuing of medical certificate. (1) A medical certificate shall be issued by the DAME concerned on the appropriate prescribed form.</p> <p>(2) The DAME concerned shall, within 60 days from the date on which the medical certificate has been issued, submit the original application together with any appropriate— (a) supporting medical reports; and</p> <p>(b) results of medical examinations or tests performed, to the designated body or institution for verification purposes.</p> <p>(3) On receipt of the documents referred to in sub-regulation (2), the designated body or institution shall verify that the holder of the medical certificate complies with the appropriate medical requirements and standards referred to in regulation 67.00.2 (6).</p> <p>(4) A medical certificate issued by a DAME, shall remain in force, subject to any requirement or limitation endorsed thereon and for the period for which it was issued: Provided that the designated body or institution may— (a) if the medical certificate has been issued to an applicant who does not comply with the appropriate medical requirements and standards referred to in regulation 67.00.2 (6), cancel the medical certificate; or (b) if medical conclusion requires that—</p>

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			<p>(i) medical examinations or tests be performed at shorter intervals; (ii) additional examinations or tests be performed; or (iii) when the safe performance of the duties essential to the operation of an aircraft, of the holder of the medical certificate, depends on compliance with any special limitation, endorse the medical certificate with such requirement or limitation.</p> <p>(4A) Notwithstanding the provisions of this Part, a medical assessor may, in exceptional circumstances, issue or renew a medical certificate to an applicant who does not meet some of the medical standards prescribed in this Part if— (a) accredited medical conclusion indicates that in special circumstances the applicant’s failure to meet any requirement, whether numerical or otherwise, is such that exercise of the privileges of the licence applied for is not likely to jeopardize flight safety; (b) relevant ability, skill and experience of the applicant and operational conditions have been given due consideration; and (c) the licence is endorsed with any special limitation when the safe performance of the licence holder’s duties is dependent on compliance with such limitation. (5) For the purposes of sub-regulation (2), the words “original application” includes any incomplete application.</p>

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		68.01.5	<p>Medical fitness. (1) An applicant for, or holder of, a glider pilot licence shall hold an appropriate valid medical certificate issued in terms of Part 67 of these Regulations, and he or she shall submit a copy thereof to the Director or the organisation designated for the purpose in terms of Part 149, as the case may be.</p> <p>(2) The holder of a glider pilot licence issued in terms of this Part shall— (a) not exercise the privileges of that licence—(i) unless that person— (aa) holds an appropriate valid medical certificate or medical fitness certificate, as the case may be; and (bb) complies with all medical endorsements on that medical certificate or medical fitness certificate; (ii) while he or she is aware of having a medical deficiency that would make him or her unable to meet the medical standards for his or her medical certificate or medical fitness certificate, until he or she has been assessed medically fit again by an aviation medical examiner designated in terms of Part 67 (in the case of the holder of a medical certificate, referred to in sub-regulation (1), or by a general medical practitioner (in the case of the holder of a medical fitness certificate, referred to in sub-regulation (2)).</p>

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		69.01.5	<p>Medical fitness. (1) An applicant for, or holder of, a free balloon pilot licence shall hold an appropriate valid medical certificate issued in terms of Part 67 of these Regulations, and he or she shall submit a copy thereof to the Director or the organisation designated for the purpose in terms of Part 149, as the case may be.</p> <p>(2) The holder of a free balloon pilot licence issued in terms of this Part shall— (a) not exercise the privileges of that licence— (i) unless that person— (aa) holds an appropriate valid medical; and (bb) complies with all medical endorsements on that medical certificate; (ii) while he or she is aware of having a medical deficiency that would make him or her unable to meet the medical standards for his or her medical certificate, until he or she has been assessed medically fit again as required in terms of Part 67.</p>
		71.01.5	<p>Medical Fitness. (1) An applicant for an RPC in terms of this Part shall hold an appropriate valid medical certificate issued in terms of Part 67.</p>
2	Hazardous Substances Act No 15 of 1973: Regulations Relating to Group IV Hazardous Substances, 1993	Reg 14 (2)(b)	No person shall be registered as a radiation worker unless— (b) a medical practitioner has certified in the health record of the person concerned that in the opinion of the medical practitioner such person is fit to perform radiation work

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		Reg 15 (4)	Where a medical practitioner has made a note or has certified by any other means in a health record that an employee may not or should not be involved with ionising radiation at work or that such employee may or should be involved only in accordance with conditions specified by that medical practitioner in the health record or any other document, the holder concerned shall act in accordance with such note or other certification.
		Reg 15 (5)	A holder shall, at his own expense, arrange for the medical examination and health monitoring of the persons referred to in sub regulation (1) in cases—(a) of medical examinations pertaining to the registration or deregistration of radiation workers; (b) where a radiation incident is suspected to have taken place or has taken place; (c) where a medical practitioner deems it necessary; (d) where the holder or the Director-General deems it necessary; or (e) where a radiation worker suspects that his health has been or will be detrimentally affected by occupational factors and such worker deems a medical examination necessary and requests such examination from the holder concerned.

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3	Merchant Shipping Act No 57 of 1951	Section 2(1) Definitions and interpretation	<p>"medical practitioner" means—</p> <p>(a) at a place in the Republic, a person registered as such under the Medical, Dental and Supplementary Health Service Professions Act 56 of 1974; or</p> <p>(b) at a place outside the Republic, a person who is entitled to practise as such under the law in force in that place.</p> <p>SASOHN notes that although medical practitioners are not registered with SAMSA, as SAMSA does not operate a registration system for medical practitioners, to conduct medical examinations for seafarers, the medical practitioner must be <u>accredited by SAMSA</u>. Only medical fitness certificates issued by SAMSA--accredited medical practitioners are accepted. This accreditation requirement satisfies section 87 of the Merchant Shipping Act, which requires examinations to be conducted by persons “approved by the Authority.”</p>
		Section 87	<p>Holder of certificate incapacitated by ill-health.</p> <p>87. (1) If at any time it appears to the proper officer that owing to ill-health or mental or physical defect the holder of a certificate of competency, service or qualification is unfit to perform the duties required of him, the proper officer may require him to submit himself to examination by a medical practitioner approved by the Authority. [Note: The Merchant Shipping Act defines</p>

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			<p>“Authority” as the South African Maritime Safety Authority established by section 2 of the South African Maritime Safety Authority Act, 1998.]</p>
		Section 92	<p>No person shall be employed as a cadet on board any South African ship or indentured as an apprentice-officer to the owner of a South African ship until he has passed the colour and form vision tests prescribed and has been certified by a medical practitioner approved by the proper officer as physically fit for the sea service.</p>
		Section 101 (1)	<p>Medical examination of crew prior to engagement (1) Subject to the provisions of this section, the master of a South African ship shall not engage a seafarer to serve in that ship unless there has been delivered to the master a certificate, valid in terms of subsection (3) , signed by a medical practitioner approved by the Authority from which it appears that the seafarer has been examined in accordance with the regulations and found to comply with the prescribed medical standards.</p>
4	<p>Merchant Shipping Act, 1951 (Act No. 57 of 1951)</p> <p>Merchant Shipping (Training, Certification and Safe Manning) Regulations, 2021</p>	Regulation 87	<p>Approval of medical practitioners to perform medical examination of seafarers:</p> <p>(1) Subject to the conditions contained in the Quality Standards System, the Authority may approve a medical practitioner to issue (a) a medical fitness certificate; or (b) colour and vision test certificate.</p>

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			<p>(2) To be approved the applicant must (a) be a medical doctor and must (i) hold an Occupational Medicine certificate; or (ii) have practiced for at least one year as a ship's doctor; or (iii) have served three years as a 'shipping company' doctor; or (iv) have served three years under the supervision of a medical practitioner approved under these Regulations; (b) comply with the requirements set out in the Quality Standards System. (3) To be approved in terms of sub regulation (1) (b), an applicant must—(a) be an Optometrist, and (b) comply with the requirements set out in the Quality Standards System. (4) The Authority may approve a group of medical practitioners who share facilities if they qualify in terms of sub regulation (2) and (3). (5) An approval made in terms of this regulation shall be in writing. (6) An approval in terms of this regulation shall be valid for a period of three years. (7) The Authority may suspend or cancel an approval in terms of this regulation when there is prima facie evidence of non-compliance with the conditions of the approval. (8) Medical practitioners approved before the commencement of these Regulations shall continue to be approved until the date of expiry on their certificate of approval. (9) The Authority shall on a regular basis publish the list of medical practitioners approved in terms of this regulation.</p>
		Regulation 88	<p>(1) Medical examination of seafarers shall be conducted by a medical practitioner approved under this Part of the Regulations in accordance with the medical fitness and eyesight standards in the Quality Standards System.</p>

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- (2) A medical practitioner performing his or her functions in terms of these Regulations shall—
- (a) verify the identity of the seafarer and include his or her identity number on the seafarer’s medical and eyesight examination record and certificate; (b) collect and keep the medical history of the candidate; (c) determine the position of the seafarer onboard the ship in order to understand the mental and physical demands of the job.
- (3) A medically fit seafarer must be issued with a medical certificate, with appropriate annotations, in the form and manner set out in the Quality Standards System.
- (4) A seafarer who passed the eyesight test must be issued with an eyesight test certificate, with appropriate annotations, in the form and manner set out in the Quality Standards System.
- (5) A seafarer found to be medically unfit must be issued with a medical certificate declaring the candidate as unfit, using appropriate annotations, in the form and manner set out in the Quality Standards System.
- (6) A seafarer who does not pass the eyesight test must be issued with a certificate declaring the candidate as unfit, using appropriate annotations, in the form and manner set out in the Quality Standards System.

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5	Mine Health and Safety Act No. 29 of 1996	Section 13 and 17 (4)	Occupational Medical Practitioner
6	National Road Traffic Act, No 93 of 1996	Section 1 (xxxvi) Definitions	“medical practitioner” means any person registered as such in terms of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act No. 56 of 1974);
		Section 1 (lii) Definitions	“Professional driving permit” means a professional driving permit referred to in Chapter IV;
		Section 15(1) (f)-(h)	A person shall be disqualified from obtaining or holding a learner's or driving licence- (f) if he or she is suffering from one of the following diseases or disabilities: (i) Uncontrolled epilepsy (ii) sudden attacks of disabling giddiness or fainting due to hypertension or any other cause; (iii) any form of mental illness to such an extent that it is necessary that he or she be detained, supervised, controlled and treated as a patient in terms of the Mental Health Act, 1973 (Act No. 18 of 1973); (iv) any condition causing muscular incoordination; (v) uncontrolled diabetes mellitus;

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			<p>(vi) defective vision ascertained in accordance with a prescribed standard;</p> <p>(vii) any other disease or physical defect which is likely to render him or her incapable of effectively driving and controlling a motor vehicle of the class to which such licence relates without endangering the safety of the public: Provided that deafness shall not of itself be deemed to be such a defect;</p> <p>(g) if he or she is addicted to the use of any drug having a narcotic effect or the excessive use of intoxicating liquor; or</p> <p>(h) in such other circumstance as may be prescribed, either generally or in respect of a particular class of learner's or driving licence.</p>
	Section 25(2)(b)(c)		<p>(2) For the purposes of subsection (1) the chief executive officer may request the holder of the licence concerned to submit himself or herself within such period as the chief executive officer may determine-</p> <p>(a) ...</p> <p>(b) to an examination, at the cost of the Administration of the province concerned, by a medical practitioner nominated by the chief executive officer, to determine his or her physical and mental fitness to drive a motor vehicle; or</p>

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(c) to an examination and a test contemplated in paragraph (a) and an examination contemplated in paragraph (b).

SASOHN Note: This section bestows rights and duties on the CEO of the RTMC and its delegated officials. It does not pertain to third parties.

Section 28 and 28B(c)

28(1) No person shall act as instructor unless he or she is registered in terms of section 28B.

(2) No person shall employ any other person as an instructor or make use of any other person's services as instructor, unless that other person is registered as an instructor in terms of section 28B.

28B (1) No person shall be registered to act as instructor unless he or she— (c) is mentally and physically fit to act as instructor and was medically examined to ascertain such fitness.

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7	National Road Traffic Regulation ¹²	Reg 1 Definitions	<p>“occupational health practitioner” means an occupational health practitioner as defined in the Occupational Health and Safety Act, 1993 (Act No. 85 of 1993), who has successfully completed a health assessment course and was duly accredited to perform the functions of an occupational health practitioner;</p> <p><i>All OHNPs who completed a course without a Health Assessment component, should prove competence in Health Assessment.</i></p>
8	National Road Traffic Regulations GNR225, dated 17 March 2000, as amended Chapter V: Fitness of Drivers Part II: Learner's and Driving Licenses - <i>Manner of Application for Learner's License</i>	Reg 103 (1) (c)	c) in the case of an applicant who is 65 years of age or older, by the medical certificate on form MC as shown in Schedule 2, signed by a medical practitioner or occupational health practitioner , certifying that the applicant is not disqualified in terms of section 15 (1) (f) or (g) of the Act from obtaining a learner’s or driving licence; and
9	National Road Traffic Regulations GNR225, dated 17 March 2000, as amended. Chapter V: Fitness of Drivers Part II: Learner’s and driving licences <i>Application for registration as instructor</i>	Reg 114 (A) (2) (b)	(b) the driving licence testing centre shall require the applicant to be medically examined at the applicant’s cost by a medical practitioner or occupational health practitioner in order to obtain a report on form MC as shown in Schedule 2 on the physical and mental fitness of such applicant to act as an instructor.

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10	<p>National Road Traffic Regulations GNR225, dated 17 March 2000, as amended</p> <p>Chapter V: Fitness of Drivers Part II: <i>Certain drivers of certain vehicles to hold professional driving permit</i></p>	Reg 115	<p>(1) Subject to the provisions of sub regulation (2), a professional driving permit shall be held by the driver of—</p> <p>(a) a goods vehicle, the gross vehicle mass of which exceeds 3 500 kilograms;</p> <p>(b) a breakdown vehicle;</p> <p>(c) a bus;</p> <p>(d) a minibus— (i) the gross vehicle mass of which exceeds 3 500 kilograms; or (ii) which is designed or adapted for the conveyance of 12 or more persons, including the driver;</p> <p>(e) a motor vehicle used for the conveyance of persons for reward or is operated in terms of an operating licence issued in accordance with the provisions of the NLTTA;</p> <p>(f) a motor vehicle the gross vehicle mass of which exceeds 3 500 kilograms to which regulations 273 to 283 apply as contemplated in regulation 274;</p> <p>(g) a motor vehicle conveying 12 or more persons including the driver.</p> <p>(2) The provisions of sub regulation (1) do not apply—</p> <p>(a) to a traffic officer or examiner of vehicles in the performance of his or her duties as contemplated in sections 3I and 3G of the Act, respectively;</p>
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			<p>(b) to a person driving a hearse;</p> <p>(c) to a person driving a motor vehicle referred to in regulation 21 (1) or 21 (5);</p> <p>(d) subject to regulation 99(2), to a person driving a motor vehicle for which he or she holds a valid learner's licence with the code prescribed for that vehicle in terms of regulation 99 (1), while being accompanied by a person holding a valid professional driving permit which authorises him or her to drive that vehicle; and</p> <p>(e) to a person driving a tractor.</p>
11	<p>National Road Traffic Regulations GNR225, dated 17 March 2000, as amended</p> <p>Chapter V: Fitness of Drivers Part IV: <i>Categories of, and authority conveyed by, professional driving permit</i></p>	Reg 116	<p>(1) Professional driving permits are divided in the following categories:</p> <p>(a) Category "G", which authorises the driving of a motor vehicle as referred to in regulation 115 (1) (a) and (b);</p> <p>(b) category "P", which authorises the driving of a motor vehicle referred to in regulation 115 (1) (a), (b), (c), (d), (e) and (g); and</p> <p>(c) category "D", which authorises the driving of a motor vehicle referred to in regulation 115 (1).</p> <p>(2) For the purpose of sub regulation (1), the term "driving" shall include the driving of a motor vehicle drawing another motor vehicle the last named of which is a motor vehicle as contemplated in regulation 115 (1).</p>

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			(3) The authority provided by a professional driving permit only applies in respect of a vehicle for which the holder holds a valid driving licence.
12	National Road Traffic Regulations GNR225, dated 17 March 2000, as amended Chapter V: Fitness of Drivers Part II: <i>Disqualification from Obtaining Professional Driving Permit</i>	Reg 117 (b)	A professional driving permit shall not be issued by a driving licence testing centre— (b) unless a registered medical practitioner or occupational health practitioner has examined the applicant to determine whether or not he or she is disqualified from driving a motor vehicle as contemplated in section 15 (1) (f) of the Act, and has certified the applicant to be medically fit on form MC as shown in Schedule 2 not more than 2 months prior to the date of the application; SASOHN Note: SASOHN is aware that Form MC in terms of schedule 2 refers only to “medical practitioner”. The empowering regulation however refers to and includes occupational health practitioners

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13	National Road Traffic Regulations GNR225, dated 17 March 2000, as amended Chapter V: Fitness of Drivers Part II: <i>Application for professional driving permit</i>	Reg 118 (2) (e)	2) An application referred to in sub regulation (1) shall be accompanied by— (e) the medical certificate on form MC as shown in Schedule 2;
14	National Road Traffic Regulations GNR225, dated 17 March 2000, as amended Chapter V: Fitness of Drivers Part II: <i>Period of validity of professional driving permit, re-application and re-issuing</i>	Reg 122 (1)	(1) A professional driving permit shall be valid for a period of 24 months from the date of authorisation thereof as referred to in regulation 119 (1) (a) unless the permit or a driving licence of the person concerned has been suspended or cancelled: Provided that where a person has applied for a new professional driving permit in the manner contemplated in sub regulation (2) on or before the expiry date of the professional driving permit held by such person, the new professional driving permit shall be valid for a period of 24 months from the date after the expiry date of the professional driving permit held by such person.
15	Occupational Health and Safety Act No 85 of 1993, Code of practice for the training providers of lifting machine operators in terms of the Driven Machinery Regulations	NCOP 12.2	12.2 Before commencing training or re-licensing every learner shall provide the accredited training provider with the following: (a). An employer declaration or medical certificate confirming the medical fitness of the learner to undergo the intended training; (b). An eye test results issued by a person trained to carry out such tests, confirming that the learner has adequate day and night vision, and depth perception (e.g. Purdue University standard vision test No. 3): Provided that a valid Professional Driver’s Permit can also be accepted in lieu of the eye

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			<p>test results; (c) Shall wear the required personal protective equipment as prescribed by the employer under the General Safety Regulation 2 of the Occupational Health and Safety Act.</p> <p>SASOHN Note: the COP does not define medical certificate or employer declaration. Employers ought to take their own advice on how to interpret and apply this in the context of their operations and health and safety management systems.</p>
16	<p>Fertilizers, Farm Feeds, Agricultural Remedies and Stock Remedies Act, 1947</p> <p>Pest Control Operator Regulations, 18 February 2011</p>	Regulation 5(3)(b)	<p>Registrations of pest control operators must be renewed every third year, and these must be accompanied by proof of medical check-up by a registered occupational health practitioner.</p> <p>Note that the form in Annexure B, in the section dealing with 'Information for Applicants' (point 4) refers to a medical report on an accompanying form must be included. SASOHN is aware that the form refers to a doctor, but the empowering legislation refers to the registered Occupational Health Practitioner.</p>

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17	Asbestos Regulations, Government Notice R1196 in GG 43893 of 10 November 2020 ⁵ (Type 2 & 3)	Reg 17 (1)	OMP – places employee under medical surveillance if (a) the employer is registered as an asbestos contractor (b) if in the opinion of an occupational medicine practitioner after consideration of the asbestos risk assessment it is reasonably likely that an asbestos- related disease may occur under the particular conditions in an employees work or (c) if an occupational medicine practitioner recommends it
		Reg 17 (2)(a)	OMP – to document the system of employee medical surveillance including consideration of risk of disease development, medical fitness to work requirements and respirator fit test
		Reg 17 (2)(b)	OHP or OMP – to complete initial health evaluation before or within 7 days of commencement
		Reg 17 (2) (c)	OMP - Periodic health evaluations at intervals not exceeding 2 years
		Reg 17 (2) (d)	OHP - the medical surveillance system must set out the duties of the OHP which shall be under the direction of the appointed OMP
		Reg 17 (3)	OMP – notify employer in writing of health evaluation outcomes by issuing certificate of medical surveillance

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		Reg 17 (4)	OMP – certify employee medically unfit. Employer may not allow employee to perform asbestos work until he/she has been declared fit again by the OMP
		Reg 17 (5)	Employer must provide the employee’s medical certificates to that employee upon termination of their employment
		Reg 17 (7)	Employer must ensure employee provides written informed consent
18	Construction Regulations, GNR84, dated 7 February 2014	Reg 7(1)(g)	Principal contractor must ensure all employees have a valid medical certificate of fitness specific to the construction work to be performed and issued by an OHP in the form of Annexure 3.
	SASOHN letter: Annexure C	Reg 7(8)	Contractor to ensure employees have a valid medical certificate of fitness specific to construction work, performed and issued by an OHP in the form of Annexure 3
	Construction regulations, 2014 Guidelines June 2, 2017	Fall protection Reg 10(2)(b)	A contractor must include the processes for the evaluation of the employees' medical fitness necessary to work at a fall risk position and the records thereof

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Suspended platforms

Reg 17(12) (a)

A contractor must ensure that all employees are medically fit to work safely by being in possession of a medical certificate of fitness

Cranes

Reg 22 (f)

The contractor must ensure that the tower crane operators have a medical certificate of fitness to work issued by an OHP in the form of Annexure 3

Construction vehicles and
mobile plants

Reg 23 (1) (d) (ii)

Has a medical certificate of fitness to operate those construction vehicles and mobile plant, issued by an OHP in the form of Annexure 3

Annexure 3

A letter was sent to SASOHN regarding the format of Annexure 3 in the Construction Regulations 2014. The letter stated that similar forms to Annexure 3 of the Construction Regulations 2014 may be used, provided that:

- Such a similar form has all the requirements the Annexure 3
- It promotes health and safety of employees and any affected persons
- No prejudice against employees and any affected persons

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19	Commercial Diving Regulations, 20 May 2022 Commercial diving regulations amendments – 31 October 2022- on Notice 46380 on 20 May 2022	Reg 1	Designated Medical Practitioner defined as an occupational medicine practitioner registered with the HPCSA, who has completed a course in underwater medicine through an organization recognised by the chief inspector.
		Reg 7(2) & Reg 7(3)	Appointed designated medical practitioner to document the system of medical surveillance and issue a medical fitness certificate and a medical fitness to dive certificate. Medical examination to be done initially on commencement of employment, periodically not exceeding two years and upon termination of employment (exit).
		Reg 8 (c)	Designated medical practitioner must capture on the online fitness registry whether the diver is fit or unfit to dive (<u>SAUHMA - The Southern African Underwater & Hyperbaric Medical Association</u>)
		Training Standards for Commercial Diving, 2022	Medical examinations must be performed before training commences by the 'Designated Medical Practitioner' . Fitness tests must also be conducted but there is no specification as to who must conduct the fitness test. Designated medical practitioner is not defined separately in the standards and the definition in the regulation applies. Chamber Attendants – defined as a person who has been trained to operate a hyperbaric chamber and to attend to patients undergoing therapeutic recompression – must carry out

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			medical examination of patients under the direction of medical personnel . They must undertake a rapid neurological assessment and observe the patient, and report results of observation to chamber operators and/or medical personnel during therapeutic decompression.
		Inshore Code of Practice for Commercial Diving GND 2091 of 20 May 2002 published in GG No. 46380	The contracted designated medical practitioner shall be closely involved in the diving operation and provide appropriate medical support as needed. The procedural instruction provided by the DMP must be as far as reasonably practicable included in the operations manual for that specific project. There is no need for a diver to undergo another examination when moving from one project to another, if a diver is a holder of a medical certificate of fitness to dive issued by the DMP and the certificate is still within the validity of 12 months. However, there may be a need to perform specific examinations (in collaboration with occupational health personnel) as a result of specific hazards being present in the workplace which is specific to a diving operation.

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20	Environmental Regulations for Workplaces, GNR2281 dated 16 October 1987: Thermal Requirements (cold) [Note: these will be repealed as of 6 September 2026 the Physical Agents Regulations, published under GG 46051 should be considered]	Reg 2 (2) (c)	Registered Medical Practitioner or Registered Nurse in accordance with a protocol prescribed by the Registered Medical Practitioner or the Registered Nurse.
		Reg 2 (2) (c)	Valid period of medical – the employee is, beforehand and thereafter, at intervals not exceeding one year, certified fit to work in such environment.
21	Environmental Regulations for Workplaces, GNR2281 dated 16 October 1987: Thermal Requirements (hot) [Note: these will be repealed as of 6 September 2026 the Physical Agents Regulations, published under GG 46051 should be considered]	Reg 2 (4) (b) (i)	Registered Medical Practitioner or a Registered Nurse according to a protocol prescribed by such practitioner.
		Reg 2 (4) (b) (i)	Valid period of medical – have every such employee beforehand and thereafter, at intervals not exceeding one year, certified fit to work in such environment.
22	Ergonomics Regulation R1589, 2019	Reg 8 (1)	An employer must ensure that an employee is placed under medical surveillance, which is overseen by an occupational medicine practitioner,

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NURSING PRACTITIONERS**

DOCUMENT
NUMBER:

N1

**POSITION STATEMENT ON THE EVOLVING ROLE AND FUNCTIONS OF AN
OCCUPATIONAL HEALTH NURSE SPECIALIST**

REVISION:

1.0

APPROVED BY:

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		<p>a) the ergonomic risk assessment referred to in regulation 6 indicates the need for the employee to be placed under medical surveillance; or</p> <p>b) an occupational health practitioner recommends that relevant employees must be under medical surveillance, in which case the employer may call upon an occupational medicine practitioner to ratify the appropriateness of such recommendation.</p>
	Reg 8(2) (a)	in the case of a new employee, an initial health examination before the employee commences employment or within 30 days of commencement of such employment
	Reg 8 (2) (b)	<p>a periodic health examination informed by the ergonomic risk assessment, at intervals specified by an occupational medicine practitioner, but not exceeding two years; and</p> <p>SASOHN Note: there is no express power given to the OHP to perform these health examinations, save that the health examinations <u>must be overseen</u> by the OMP.</p>
	Reg 8 (2) (c)	An exit health examination informed by the ergonomic risk assessment.

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		Explanatory notes: Medical Surveillance Regulation 8	Medical surveillance is performed at regular pre-determined intervals; at the beginning, termination of employment and throughout the employment period and/or as determined by the occupational medicine practitioner. Medical surveillance must be carried out by occupational medicine practitioners and occupational health practitioners.
23	Hazardous Biological Agents Regulations, GNR1887, dated 16 March 2022 ¹⁰ (including Explanatory Notes)	Reg 8 (1)	An employer must establish and maintain a documented system of medical surveillance of employees, which is overseen by an OHP .
		Reg 8 (1) (c)	An OHP recommends that the relevant employee should be under medical surveillance, in which case the employer may call upon an OHP to confirm the appropriateness of such recommendation. Medical surveillance is overseen by an occupational health practitioner.
		Reg 8 (2) (a)	An initial health evaluation, which should be carried out by an OHP immediately before or within 14 days after a person commences employment
		Reg 8 (2) (b)	Periodic medical examinations and tests which should be carried out by an OHP at intervals specified by him/her but not exceeding 24 months
		Reg 8 (2)(c)	Exit medical examinations and tests which should be carried out by an OHP

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		Reg 8 (3)	All tests and examinations must be conducted according to a written medical protocol
		Reg 8(4)	All OHP's must submit to the employer for approval a written protocol for procedures to be followed when dealing with abnormal results
		Explanatory notes	Confidentiality in relation to records: Any personal medical information should be kept in confidence and held by the OHP responsible for the health surveillance programme. The doctor or nurse should only provide employers with information on fitness to work and any restriction that may apply in that respect
		Explanatory notes	Biological containment and medical fitness restrictions: For purposes of compliance with these regulations, A medical fitness certificate is a document completed by a qualified OHP or OMP. The employee fitness certificate is to ensure that the employee is fit for the task or job he or she is to perform according to his job specification
24	Hazardous Chemical Agents Regulation, 2021	Reg 7(2)(a)	that an initial health evaluation is carried out by an OHP immediately before or within 14 days after a person commences employment, where any exposure exists or may exist
		Reg 7(2)(b)	subsequent to the initial health evaluation, at intervals not exceeding two years or at intervals specified by an OMP

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		Reg 7(3)	An employer may not permit an employee, who has been certified unfit for work by an OMP, to work in a workplace or part of a workplace in which he or she would be exposed: Provided that the relevant employee may be permitted to return to work which will expose him or her, if he or she is certified fit for that work beforehand by an OMP.
		Annexure 3: Hazardous Chemical Agent Guidelines para 19	In providing guidance on work related findings and medical fitness to work, the guideline sets out that ..."the occupational nurse practitioner, in consultation with an occupational medicine practitioner, must carefully consider the risks and convey the appropriate task or workplace restrictions to the employer in the form of a written certificate of fitness. The employer may not allow the employee to return to normal duties until cleared by an occupational medicine practitioner". When there are non-work findings, these must be shared with the employee by the occupational health practitioner and the OHP should refer the employee to their own healthcare provider.
25	Lead Regulations, GNR236, dated 28 February 2002 Draft lead regulation R 4437, 1 March 2024 (not yet Gazetted)	Reg 8 (1) (c)	Employer shall ensure that an employee is under medical surveillance of an OMP if exposed to lead or if the OMP certifies that the employee should be under medical surveillance
		8 (2)(a)	Initial medical examination is carried out immediately before or within 14 days after a person commences employment by an OMP

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		8 (3)	OMP – certify employee medically unfit. Employer may not allow employee to perform lead work until he/she has been declared fit again by the OMP in writing
		12 (2) (b)	An employer shall ensure that the relevant equipment is correctly selected and properly used (respirator fit testing)
		Annexure A & B	Validity period – Various as per Annexure A & B to the Regulations.
26	Noise Exposure Regulation, 2024	Definitions	"competent person: audiometric testing" means— (a) for screening audiometry; (i) a person registered in terms of the Health Professions Act, 1974 (Act No. 56 of 1974), with the Health Professions Council of South Africa in any of the following categories: (aa) ENT (ear, nose and throat specialist); (bb) speech therapist; or (cc) audiologist; (ii) a person with a valid occupational skills certificate: Occupational Audiometric Screener, obtained from an organisation accredited with the Quality Assurance Body that has been delegated the quality assurance responsibilities for Occupational Audiometric Screener unit standards by the Quality Council for Trades and Occupations (QCTO), established in terms of section 26(1) of the Skills Development Amendment Act, Act No. 37 of 2008, as amended, and registered with an organisation recognised by the Chief Inspector;

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Reg 9

Medical screening and medical surveillance (1) The employer must establish a documented medical screening programme–

Reg 9 (2)

In the case where the employer has to conduct medical screening as contemplated in sub regulation (1), **the occupational medicine practitioner** must consider if– (a) an employee has a health condition that makes the employee vulnerable to noise; (b) an employee has a health condition that impacts the proper use of HPDs; (c) there is an identifiable occupational disease or adverse health effect related to noise; (d) there is a reasonable likelihood that the occupational disease or adverse health effect may occur under the particular exposure conditions of their work; and (e) there are valid techniques to diagnose indications of the occupational disease or adverse health effect, as far as is reasonably practicable.

Reg 9 (3)

Where the need for medical screening as contemplated in sub regulation (1) has been determined as necessary by the occupational medicine practitioner, the occupational medicine practitioner must specify requirements for medical screening, including– (a) an evaluation of an employee’s medical, occupational and exposure history; (b) the appropriate clinical examination and medical tests; and (c) the intervals at which medical screening must be conducted, appropriate to the health risks and health status of the employee.

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Reg 9 (4)

The employer must ensure that medical screening contemplated in sub regulation (1) is– (a) carried out by an **occupational health practitioner**; and (b) includes— (i) an initial medical screening, as far as reasonably practicable, immediately before an employee commences employment; and (ii) subsequently, periodic medical screening at intervals recommended by the occupational medicine practitioner, but not exceeding 24-months

Reg 9 (5)

After concluding medical screening, the **occupational health practitioner** must ensure that the employer is informed, in writing, of the outcome of an employee’s health evaluation if the outcome was normal.

Reg 9 (8)

The occupational medicine practitioner must notify the employer in writing by means of a medical certificate of fitness, and inform the employee accordingly, if– (a) an employee has a medical condition which— (i) prevents the wearing of hearing protective devices; (ii) is likely to be aggravated by the exposures at that workplace; or (b) the medical screening identifies an adverse health effect caused by exposure to noise at that workplace.

Reg 9 (9)

The employer must ensure that an exit medical screening is carried out by an **occupational health practitioner** on termination of an employee’s employment

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		Reg 9 (11) (b)	only permit an employee who has been medically certified for restricted duties to return to normal duties if the employee has been certified fit for those duties by an occupational medicine practitioner .
		Reg 9 (15)	An employee may appeal any finding of an occupational medicine practitioner stipulated in the medical certificate of fitness to the Chief Inspector in writing within 60-days of receiving the certificate.
27	Noise Induced Hearing Loss Regulations, GNR307, dated 7 March 2003 SABS code 10083:2023 <i>[These regulations will be repealed from 6 September 2026]</i>	Reg 8 (2) (d)	Competent person as per definition. Any person with a qualification in audiometry and registered with SASOHN, may complete and interpret audiograms.
		Reg 8 (2) (b) (i) and Reg 8 (2) (b) (ii)	Validity period – consists of a periodic audiogram which is conducted in accordance with SABS standards and which, during the first three years of employment, is obtained at least annually and thereafter at intervals which may be extended to a maximum period of two years if no referral threshold shift is evident: Provided that- (i) employees working in, or required to enter, noise zones where the noise exposure equals or exceeds an 8-hour rating level of 105 dBA shall undergo audiometric testing at 6-monthly intervals until it is established that no referral threshold shift is evident and thereafter the interval between tests may be extended to a maximum interval of one year; and

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			(ii) employees who are regularly exposed to gunshots or other explosive events during their working day shall undergo audiometric tests at time intervals in accordance with subparagraph (1).
28	Physical Agents Regulation, 2024	Reg 8(2)	In the case where the employer has to conduct medical screening as contemplated in sub regulation (1), the occupational medicine practitioner must consider if— (a) an employee has a health condition that makes the employee vulnerable to a physical agent; (b) an employee has a health condition that impacts the proper use of personal protective equipment; (c) there is an identifiable occupational disease or adverse health effect related to a physical agent; (d) there is a reasonable likelihood that the occupational disease or adverse health effect may occur under the particular exposure conditions of the employee’s work; and (e) there are valid techniques to diagnose indications of the occupational disease or adverse health effect, as far as is reasonably practicable.
		Reg 8 (3)	(3) Where the need for medical screening has been determined as necessary by the occupational medicine practitioner , the occupational medicine practitioner must specify requirements for medical screening, including— (a) an evaluation of an employee’s medical, occupational and exposure history; (b) the appropriate clinical examination and medical tests; and (c) the intervals at which medical screening must be conducted, appropriate to the health risks and health status of an employee.

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Reg 8 (4)

The employer must ensure that the medical screening contemplated in sub regulation (1)— (a) is carried out by an **occupational health practitioner**; and (b) includes— (i) an initial medical screening, as far as reasonably practicable, immediately before an employee commences employment; and (ii) subsequently, periodic medical screening at intervals recommended by the occupational medicine practitioner but not exceeding 24-months.

Reg 8(5)

After concluding medical screening, the **occupational health practitioner** must ensure that the employer is informed, in writing, of the outcome of an employee's health evaluation if the outcome was normal.

Reg 8 (6)

(6) The **occupational medicine practitioner** must notify the employer in writing by means of a medical certificate of fitness, and inform the employee accordingly, if— (a) the employee has a medical condition which— (i) prevents the wearing of personal protective equipment; or (ii) is likely to be aggravated by the exposures at that workplace; or (b) the medical screening identifies an adverse health effect caused by exposure to a physical agent at that workplace.

Reg 8 (7)

(7) The employer must ensure that an **exit** medical screening is carried out by an **occupational health practitioner** on termination of an employee's employment: Provided that a medical screening conducted within 6-months prior to the date of termination of employment shall be deemed to have fulfilled the requirements of an exit medical screening.

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Reg 8 (9)(b)

only permit an employee who has been medically certified for restricted duties to return to normal duties if the employee has been certified fit for those duties by an **occupational medicine practitioner**.

Reg 8 (10)

An employer must establish, implement and maintain a documented system of medical surveillance, overseen by an **occupational medicine practitioner, where** medical screening has been determined necessary.

Reg 8 (13)

An employee may appeal any finding by an occupational medicine practitioner stipulated in the medical certificate of fitness to the Chief Inspector in writing within 60-days of receiving the certificate.

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ANNEXURE B: SUMMARY OF LEGISLATION CONSIDERED WHICH EXPRESSLY EMPOWERS OHPS

#	Legislation	Section(s)	OHP Authorised?
1	Asbestos Regulations, 2020	Reg 17(2)(b); Reg 17(2)(d)	Yes
2	Construction Regulations, 2014	Reg 7(1)(g); Reg 7(8); Reg 10(2)(b); Reg 17(12)(a); Reg 22(f); Reg 23(1)(d)(ii)	Yes
3	Environmental Regulations – Cold, 1987	Reg 2(2)(c)	Yes (Registered Nurse)
4	Environmental Regulations – Hot, 1987	Reg 2(4)(b)(i)	Yes (Registered Nurse)
5	Ergonomics Regulation, 2019	Reg 8(1); 8(2)(a); 8(2)(b); 8(2)(c); Explanatory Notes	Yes
6	Hazardous Biological Agents Regulations, 2022	Reg 8(1); 8(1)(c); 8(2)(a); 8(2)(b); 8(2)(c); 8(3); 8(4); Explanatory Notes	Yes
7	Hazardous Chemical Agents Regulation, 2021	Reg 7(2)(a); 7(2)(b); Annexure 3 para 19	Yes
8	Noise Exposure Regulation, 2024	Reg 9(4); 9(5); 9(9)	Yes
9	Physical Agents Regulation, 2024	Reg 8(4); 8(5); 8(7)	Yes
10	National Road Traffic Regulations, 2000	Reg 103(1)(c); Reg 114A(2)(b); Reg 117(b)	Yes
11	Pest Control Operator Regulations, 2011 published in terms of the Fertilizers, Farm Feeds, Agricultural Remedies and Stock Remedies Act, No. 36 of 1947	Reg 5(3)(b)	Yes

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Annexure C: Construction Regulation letter from DoEL



labour

Department:
Labour
REPUBLIC OF SOUTH AFRICA

Private Bag x117, PRETORIA, 0001. Laboria House, 215 Francis Baard Street, PRETORIA
Tel: (012) 309 4000, Fax (012) 320 5129, www.labour.gov.za

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:

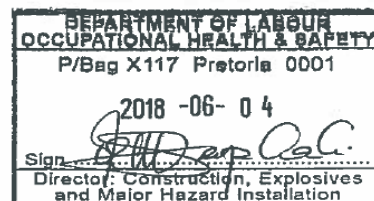
1. Such a similar form has all the requirements of the annexure 3 of the aforesaid regulations.
2. It promotes health and safety of employees and any affected persons.
3. No prejudice against employees and any affected persons.

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

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Practice name and address							
CERTIFICATE OF FITNESS							
<i>Occupational Health and Safety Act, 85 of 1993; Construction Regulations, 2014; Annexure 3 compliant</i>							
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, Welding 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:							
* Special examination	Yes	N/A	Forklift driver	Heights	Chemical	PrDP	Other
* Medical Evaluation	Yes	N/A	Pre-employment	Baseline	Periodical	Exit	Other
* Spirometry	Yes	N/A					
* Audiometry	Yes	N/A					
* Optometry	Yes	N/A					
* Other	Yes	N/A					
FINDINGS/RECOMMENDATIONS with regards to Person/Task specification							
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				
<i>To adhere to chronic regime as per own healthcare provider, and monthly monitoring at Occupational Health Clinic/own healthcare provider/Other</i>							
YES / NO / NA							
To be followed up on: Date: _____ Plans: _____ 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			OHP Signature	OMP Signature			
			SANC nr.	HPCSA nr.			
Date of examination							

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Annexure 3

OCCUPATIONAL HEALTH AND SAFETY ACT, 85 OF 1993

Medical Certificate of Fitness

Name of Employee _____ ID Number _____ Co. Number _____

	* Possible Exposures <small>e.g. noise, heat, fall risk, confined space etc.</small>	* Job Specific Requirements <small>e.g. Operating Mobile Crane, Digging Trenches, Erecting Formwork & Scaffolding etc.</small>	* Protective Equipment <small>e.g. Dust Respirator (Light Duty), Welding Gloves etc.</small>
<p>* Occupation <small>e.g. General Worker, Welder, Bricklayer, Steel fixer, Mobile Crane Operator, etc.</small></p>			
<p>* 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:</p> <p>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.</p> <p>Occupational Medicine Practitioner/Occupational Health Nursing Practitioner: (Please Print Name) _____</p> <p>Signature _____ Practice Number: _____ Date: _____</p> <p>Address: _____</p>			

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Annexure D: SANC Letter 14 October 2010

SANC Ref:
14 October 2010



**South African
Nursing Council**

14 OCT 2010 14:00

14 OCT 2010

Dear Madam/Sir

CHANGES REGARDING LISTED QUALIFICATIONS

The South African Nursing Council (hereafter referred to as "Council") is pleased to advise you that it will be effecting the following changes regarding the way in which listed qualifications are displayed in Council documents and systems.

1. The heading "Listed Short Courses (for statistical purposes only)" which was used as a preface to listed short courses on the Annual Practising Certificate will be replaced by the heading "Listed Qualifications".
2. The same heading is also used in the Electronic Register (eRegister) and in the letter which is issued to practitioners who request a duplicate Annual Practising Certificate. The heading will also be changed as indicated above in both these cases.

In applying the changes mentioned above, Council is seeking to address the difficulties being experienced by holders of listed qualifications – particularly those difficulties related to the recognition of such qualifications by a practitioner's employer.


When the listed short courses were withdrawn in 2007, it was the courses themselves that were withdrawn and not the listed qualifications of nurses who had completed these courses. Circular 2/2007 made it clear that listed qualifications would be retained in the Council database.

In response to pleas from the profession, Council has re-introduced the listed qualifications on the Annual Practising Certificate as confirmation that these qualifications are still recognised by the Council. To prevent the confusion between basic capacities, registered additional qualifications and listed qualifications, Council now shows these under separate "headings".

The Nursing Council was established under the Nursing Act 2008

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SPECIAL CONSIDERATIONS FOR NURSES WITH A LISTED QUALIFICATION IN OCCUPATIONAL HEALTH NURSING

Following representations made to Council by the South African Society for Occupational Health Nurses ("SASOHN"), it appears that a particular difficulty exists for nurses who hold a listed qualification in Occupational Health Nursing. The Occupational Health and Safety Act No. 85 of 1993, as amended ("OHSA") stipulates that an "occupational health practitioner" means a person who holds a qualification in occupational health recognized as such by (inter alia) the South African Nursing Council.

South African Nursing Council confirms that a listed qualification in Occupational Health Nursing is recognized by it as a qualification in occupational health for purposes of the OHSA and all regulations made under the OHSA.

If you have any queries regarding this letter, please contact:


The Communications Officer
South African Nursing Council
P O Box 1123
0001 PRETORIA

Tel: 012 426-9542
Fax: 012 343-5400

Yours faithfully


M. Tondani Mabuda
 Registrar and CEO
 South African Nursing Council

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Annexure E: Clarification on the status of the Occupational Health Nursing Science Qualifications - 2011

24 August 2011

Ms K Mitchell
SASOHN President
P O Box 18793
SUNWARD PARK
1470

Dear Ms Mitchell

CLARIFICATION ON THE STATUS OF OCCUPATIONAL HEALTH NURSING SCIENCE QUALIFICATION

Your letter dated 9 August 2011 and our telephonic conversation in respect to the matter above has reference.

As discussed telephonically, nurses who successfully completed training in Occupational Health Nursing Science and are registered with SANC with additional qualification: Post Basic Occupational Health Nursing Science, are recognised by SA Nursing Council as Occupational Health Nurses. In lieu of their registration and licence to practice certificates they are legible to practice in their capacity as Occupational Health Nurses.

Attached herewith find extract of Occupational Health and Safety Act for reference in respect to the definition of Occupational Health Practitioner.


Hope this clarifies the matter.

Yours sincerely



TENDANI MABUDA
REGISTRAR AND CEO
SA NURSING COUNCIL

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Legislation considered and documents referenced in the Position Paper

Primary Acts of Parliament:

Civil Aviation Act No. 13 of 2009 (pending amendment by the Civil Aviation Amendment Act No 22 of 2020, published in Government Gazette 46205 dated 6 April 2022)

Fertilizers, Farm Feeds, Agricultural Remedies and Stock Remedies Act No. 36 of 1947

Hazardous Substances Act No. 15 of 1973

Health Professions Act, No. 56 of 1974

Mental Health Care Act No 17 of 2002 (repealing and replacing the Mental Health Act, 1973)

Merchant Shipping Act No. 57 of 1951

Mine Health and Safety Act No. 29 of 1996

National Road Traffic Act No. 93 of 1996

Nursing Act No. 33 of 2005 (and with some references to the preceding legislation in the Nursing Act, 1978)

Occupational Health and Safety Act No. 85 of 1993

Skills Development Act No. 97 of 1998

South African Maritime Safety Authority Act, No 5 of 1998

Regulations:

Asbestos Regulations published in GNR 1196, Government Gazette number 43893 dated 10 November 2020 and as amended up to GR 5042 in Government Gazette number 50930 dated 12 July 2024

Civil Aviation Regulations 2011 published in GNR 425 in Government Gazette 35398 dated 1 June 2012 with updates up to GN 7094 published in Government Gazette 54050 dated 30 January 2026, with effect from 1 April 2026

Commercial Diving Regulations and read with the incorporated Inshore Code of Practice for Commercial Diving published in GNR 2091 of Government Gazette 46380 dated 20 May 2022

Construction Regulations published in GNR 84, Government Gazette number 37305 dated 7 February 2014

Draft Lead Regulation dated 1 March 2024

National Code of Practice for Training Providers of Lifting Machine Operators published in GN 5526 in Government Gazette 51711 dated 6 December 2024

Environmental Regulations for Workplaces published under GNR 2281 dated 16 October 1987


Ergonomics Regulations published under GNR 1589 in Government Gazette 42894 dated 6 December 2019

General Safety Regulations published under GNR 1031 dated 30 May 1986 and as updated to GNR 6907 in Government Gazette 53783 dated 5 December 2025

Regulations for Hazardous Biological Agents published in GNR 1887 in Government Gazette 46051 dated 16 March 2022 and as amended by GR 2693 in Government Gazette 47413 dated 31 October 2022

Regulation for Hazardous Chemical Agents published in GNR 280 in Government Gazette 44348 dated 29 March 2021 and as updated by GR 283 in Government Gazette 44366 dated 31 March 2021

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Lead Regulations published in GNR236 dated 28 February 2002

Merchant Shipping (Training, Certification and Safe Manning) Regulations, 2021 published in GN 219 in Government Gazette 44469 dated 23 April 2021

National Road Traffic Regulations published in GNR 225 dated 17 March 2000 and up to and including amendments published in GN 1750 in Government Gazette 45901 dated 11 February 2022

Noise Exposure Regulations 2024 published in GN 5953 in Government Gazette 52226 dated 6 March 2025

Noise Induced Hearing Loss Regulations published under GNR 307, dated 7 March 2003

Pest Control Operator Regulations published in GNR 98 in Government Gazette 34020 dated 18 February 2011

Physical Agents Regulations 2024 published in GN 5952 in Government Gazette 52226 dated 6 March 2025 and as updated to GR 7149 in Government Gazette 54177 dated 20 February 2026

Regulations Regarding the Scope of Practice for Nurses and Midwives, 2022 published in terms of the Nursing Act, 2005 (Act No. 33 of 2005) under GN 2127 dated 3 June 2022

Regulations relating to the Course in Clinical Nursing Science Leading to Registration of an Additional Qualification published in GNR212 on 19 February 1993 and as amended by GNR 74 dated 17 January 1997 (now repealed)

Regulations Relating to Group IV Hazardous Substances published in GNR 247 dated 26 February 1993

Regulations Setting Out the Acts or Omissions in Respect of Which the Council May Take Disciplinary Steps published in GNR R756 of 1 October 2014

Nursing Practice Standards for use in all Health Establishments in South Africa 2005 published in Board Notice 673 of 2024 in Government Gazette 51352 dated 4 October 2024

Standards and Codes:

SANC Competencies for Occupational Health Nurse Specialist (OHN) (April 2013)

South African Nursing Council Code of Ethics for Nursing Practitioners in South Africa

SANS Code 10083:2023 The measurement and assessment of occupational noise for hearing conservation purposes (as included by reference in the 2003 Noise Induced Hearing Loss regulations to the OHSA, which are subject to repeal from 6 September 2026).

Training Standards for Commercial Diving, 2022 as published and endorsed by the Acting Chief Inspector on 20 May 2022 to be utilised for the training of commercial divers in terms of Regulations 11(1)(a) of the Commercial Diving Regulations, 2022.

Professional and Organisational Documents:

Construction Regulations 2014: Guidelines published in GN 489 in Government Gazette 40883 dated 2 June 2017

Letter to SASOHN regarding Annexure 3 of the Construction Regulations 2014 from the Department of Employment and Labour Occupational Health and Safety dated 4 June 2018

SANC letter to SASOHN dated 14 October 2010 – "Changes regarding listed qualifications"

SANC letter to SASOHN dated 24 August 2011 – "Clarification on the status of occupational health nursing science qualification"

SASOHN Position Statement on the issuing of Medical Certificates of Fitness by Occupational Health Nurses, dated 22 October 2015

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International Bodies Referenced:

International Commission on Occupational Health www.icohweb.org

International Labour Organization www.ilo.org

World Health Organisation www.who.int

Other Bodies Referenced:

Health Professions Council of South Africa www.hpcs.co.za

Quality Council for Trades and Occupations www.qcto.org.za

The Southern African Underwater & Hyperbaric Medical Association www.sauhma.org

South African Maritime Safety Authority www.samsa.org.za

South African Nursing Council www.sanc.co.za

South African Society for Occupational Medicine www.sasom.org

South African Society of Occupational Health Nursing Practitioners www.sasohn.co.za

Signatures:

President: Joan Visser		Treasurer: Mercia Patience	
Secretary: Melanie Pillay		Ed Rep: Khanyoh Zuma	

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