

### Annexure 3

#### Occupational Health And Safety Act, Of 1993. Construction Regulations, 2014

#### Medical certificate of fitness

<b>Name of Employee</b>		<b>ID Number / Passport</b>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> </tr> </table>																		
<b>Occupation</b>			<b>The employer must complete the information in the spaces below before sending the employee for the occupational medical.</b>																		

Possible Exposures ✓							Job Specific Requirements ✓					Protective equipment ✓					Employee signature	
Fall Risk	Noise	Dust	Confined space	Heat	Chemicals	Working at heights	Office work	Mobile Machine operator	Digging trenches	Erecting scaffolding	Driver code 8,10,14	General labour	Respirator	Hard hat	Gloves	Safety boots		Dust mask
Specify Other							Specify Other					Specify Other						

**Declaration:** I certify that I have, by examination and testing, using the above criteria specified by the employer, satisfied myself that the above mentioned employee is fit to perform the duties as described by the employee in the matrix above.

Stamp

Notes



Reviewed by OHNP/OMP:

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_