

Construction Annexure 3

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

Medical Certificate of Fitness

Company / Department: _____

Name of Employee: _____ **ID Number:** _____ **Co. Number:** _____

*Occupation	*Possible Exposures (e.g. Noise, heat, fall risk, confined space, dust, etc.)							*Job Specific Requirements (e.g. Operating lifting equipment, erecting formwork, etc.)					*Protective Equipment (e.g. Dust respirator, ear plugs / muffs, etc.)						

The Employer to complete the information in the spaces provided marked with an * before sending the Employee for a medical examination.

Declaration by the Medical Examiner:

I certify that I have, by examination and testing, using the above criteria specified by the employer, satisfied myself that the above mentioned employee is

Fit / Unfit (cross out non-applicable)

to perform the duties as described by the employer in the matrix above.

Occupational Medicine Practitioner / Occupational Health Nursing Practitioner _____

(Please indicate relevant Practitioner by crossing the non-applicable out)

(Please print names in full)

Signature: _____ Practice Number: _____ Date: _____

Address _____

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