



# Patient Consent

*Bambanani Occupational Health(RedTicket)*  
Yusuf; 186 Cowen Ntuli, Middelburg, 1050  
tel: 0132431141 e-mail: redticket@merc.za.net  
Practice No. 1421239



Scan the QR code to confirm authenticity.

<b>Patient Number</b>	0305155565081	<b>Employer</b>	PRIVATE
<b>Patient Name</b>	MPANZA, SICELO	<b>Company</b>	PRIVATE
<b>ID No.</b>	0305155565081	<b>Department</b>	
<b>Date of Birth</b>	2003-05-15 (22)	<b>Position</b>	GENERAL WORKER
<b>Gender</b>	Male		
<b>Date</b>	2025-12-03 10:28	<b>Exam Type</b>	Initial

I, the above employee, as part of my conditions of employment with the company indicated above, hereby consent to the various appropriate examinations as required by the company. I agree that this includes (if necessary), a drug test and the collection of blood / urine or other biological samples for analysis. I am aware that these tests are required for monitoring of occupational exposure and / or fitness for work.

I certify that the answers to the questions that form part of this examination are true and correct and that any false information may invalidate the terms of my employment. I consent, that if required, a doctor acting for the company may approach my medical attendants for further information on the understanding that such information will be treated as confidential.

I agree that relevant findings related to occupational exposure, findings of ill health due to my work and fitness for work may be divulged to management of the company and / or the appropriate authorities or mandatories where applicable.

I understand that only duly-authorized company officers, employees, and agents will have access to information furnished or obtained in connection with the test; that they will maintain and protect the confidentiality of such information to the greatest extent possible; and that they will share such information only to the extent necessary to make employment decisions and to respond to inquiries or notices from government entities.

I UNDERSTAND THAT THE COMPANY WILL REQUIRE A DRUG SCREEN TEST WHENEVER I AM INVOLVED IN AN ON-THE-JOB ACCIDENT OR INJURY UNDER CIRCUMSTANCES THAT SUGGEST POSSIBLE INVOLVEMENT OR INFLUENCE OF DRUGS OR ALCOHOL IN THE ACCIDENT OR INJURY EVENT, AND I AGREE TO SUBMIT TO ANY SUCH TEST.

This authorization has been explained to me in a language I understand, and I have been told that if I have any questions about the examination, they will be answered.

MPANZA, SICELO



# Certificates of Fitness

## Bambanani Occupational Health(RedTicket)

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<b>Date of Birth</b>	2003-05-15 (22)	<b>Position</b>	GENERAL WORKER
<b>Gender</b>	Male		
<b>Examination Date:</b>	2025-12-03	<b>Exam Type:</b>	Initial
<b>Result:</b>	FIT for duty	<b>Valid Until:</b>	2026-12-02

### Expected Work Environments

Surface (Operational)

### Possible Exposures

SLIP & FALL

### Job Specific Requirements

GENERAL

### Protective Equipment

OVERALL, SAFETY BOOTS

### Examinations / Procedures Performed

Health Assessment, Physical Examination, Urine Screening, Audio Test, Vision Test, Lung Function Test, Chest X-ray

### Declaration

SICELO MPANZA, ID number 0305155565081, presented for a medical examination at Bambanani Occupational Health(RedTicket) on 2025-12-03.

Based on the results of the tests performed the subject has been found FIT for duty for the position of GENERAL WORKER at PRIVATE.

186 COWEN NTULI STR. MIDDELBURG-1050  
P.O. BOX 2888  
TEL: 013 243 1141

MPANZA, SICELO

Mrs Edith Makua; Occupational Health Practitioner

Dr MS Tayob



# Certificates of Fitness (Annexure 3)

OCCUPATIONAL HEALTH AND SAFETY ACT, 85 OF 1983. Construction Regulations, 2014.

Name of Employee MPANZA, SICELO ID Number 0305155565081 Co. Number 0305155565081

Occupation	Possible Exposures														Job Specific Requirements										Protective Equipment																							
GENERAL WORKER	SLIP & FALL															GENERAL																SAFETY BOOTS	OVERALL															

### Declaration by the Medical Officer

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

This Medical Certificate of Fitness is valid until 2026-12-02.

OMP : Dr MS Tayob / OHNP : Mrs Edith Makua; Occupational Health Practitioner

Mrs Edith Makua; Occupational Health Practitioner

Dr MS Tayob

Signature: \_\_\_\_\_ Practice Number: 1421239 Date: 2025-12-03

Address: 186 Cowen Ntuli, Middelburg, 1050



# Health Assessment Results

## Bambanani Occupational Health (RedTicket)

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<b>ID No.</b>	0305155565081	<b>Department</b>	
<b>Date of Birth</b>	2003-05-15 (22)	<b>Position</b>	GENERAL WORKER
<b>Gender</b>	Male	<b>Environment</b>	Surface (Operational)
<b>Date</b>	2025-12-03 11:10	<b>Type of Assessment</b>	Initial
<b>Overall Rating</b>	Low Risk	<b>System Rating</b>	High Risk

### Physical Measurements

<b>Height</b>	167 cm	
<b>Weight</b>	63.00 kg	
<b>BMI</b>	22.59	Normal Weight

### Vital Signs

<b>Pulse</b>	50 bpm	
<b>Blood Pressure</b>	139 / 75	Isolated Systolic Hypertension

### Clinical Readings

### Lifestyle Indicators

<b>Exercise</b>	Daily. Light intensity.	Not Enough
<b>Smoking Habits</b>	Non-Smoker.	Non-Smoker
<b>Alcohol</b>	Never.	Non-Drinker
<b>Recreational Drugs</b>	Never.	Non-User

### Food & Nutritional Intake

<b>Fruit Servings (per day)</b>	One or Two
<b>Vegetable Servings (per day)</b>	One or Two

Miss Q. Mabuza



# Physical Exam Results

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<b>Patient Name</b>	MPANZA, SICELO	<b>Company</b>	PRIVATE
<b>ID No.</b>	0305155565081	<b>Department</b>	
<b>Date of Birth</b>	2003-05-15 (22)	<b>Position</b>	GENERAL WORKER
<b>Gender</b>	Male	<b>Environment</b>	Surface (Operational)
<b>Examination Date</b>	2025-12-03 11:44	<b>Type of Examination</b>	–
<b>Outcome</b>	Clear	<b>System Outcome</b>	Clear

### Separator. Tests Performed

• Cardiovascular	NAD
• Ear, Nose & Throat (ENT)	NAD
• Endocrine	NAD
• Gastrointestinal	NAD
• JACCOLD (General Signs)	NAD
• Musculoskeletal	NAD
• Neurological & Psychological	NAD
• Pharmacological / Therapeutic	NAD
• Respiratory	NAD
• Skin & Dermatological	NAD
• Urogenital	NAD
• Visual	NAD

Mrs Edith Makua; Occupational Health Practitioner

2025-12-03 11:45:53



# Urine Test Results

## Bambanani Occupational Health(RedTicket)

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<b>Patient Name</b>	MPANZA, SICELO	<b>Company</b>	PRIVATE
<b>ID No.</b>	0305155565081	<b>Department</b>	
<b>Date of Birth</b>	2003-05-15 (22)	<b>Position</b>	GENERAL WORKER
<b>Gender</b>	Male	<b>Environment</b>	Surface (Operational)
<b>Date</b>	2025-12-03 11:13	<b>Type of Screening</b>	Initial
<b>Outcome</b>	Clear	<b>System Outcome</b>	Clear

### Separator.TestsPerformed

• Glucose	NAD
• Protein	NAD
• Blood	NAD
• Ketones	NAD
• pH Level	Not Tested
• Specific Gravity (SG)	Not Tested
• Nitrite	NAD
• Leucocytes (WBCs)	NAD
• Urobilinogen	NAD
• Bilirubin	Not Tested
• Lead	Not Tested
• Arsenic	Not Tested
• Copper	Not Tested
• Creatine	Not Tested
• Hippuric Acid	Not Tested
• Phenol	Not Tested
• Cresol	Not Tested
• Pregnancy (Urine hcG)	-
• Other Test	Not Tested

Miss Q. Mabuza



# Audio Test Results

## Bambanani Occupational Health(RedTicket)

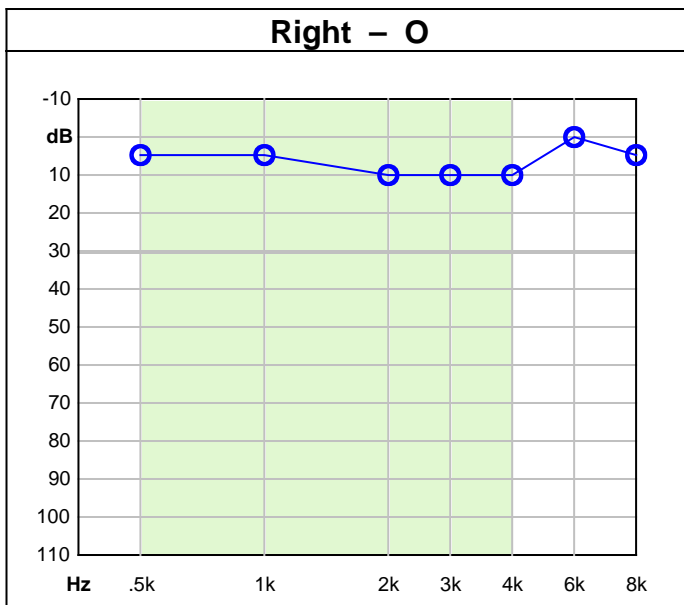
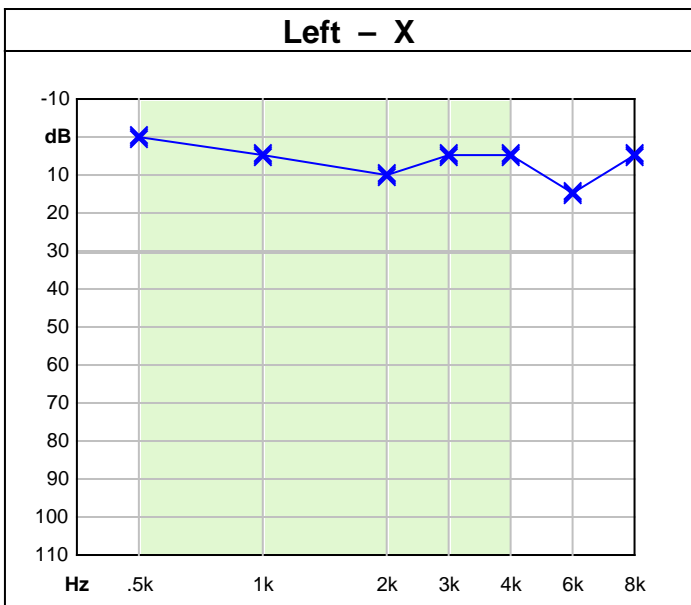
MHN29RGM 2025-12-03 12:12:02

Phindile

<b>Patient Number</b>	0305155565081	<b>Employer</b>	PRIVATE
<b>Patient Name</b>	MPANZA, SICELO	<b>Company</b>	PRIVATE
<b>ID No.</b>	0305155565081	<b>Department</b>	
<b>Date of Birth</b>	2003-05-15 (22)	<b>Position</b>	GENERAL WORKER
<b>Gender</b>	Male	<b>Environment</b>	Surface (Operational)
<b>Noise Exposure:</b>	High (85–104 dBA)	<b>HPD:</b>	HEARING PROTECTION

<b>Test Date</b>	2025-12-03 12:09	<b>Operator</b>	Phindile	<b>Reference</b>	–
<b>Test Type:</b>	Screening	<b>Baseline Types:</b>	None		
<b>Otoscopic:</b>	NAD				
<b>PLH » Shift:</b>	1.1 » 1.1	<b>PLH Contributions:</b>	.5K= 0.2, 1K= 0.5, 2K= 0.3, 3K= 0.1, 4K= 0		
<b>L / R ST » Shift:</b>	6.7 / 10 » 6.7 / 10	<b>ABHL:</b>	6.2		

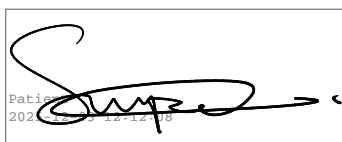
<b>Audiometer:</b>	Tremetrics RA650	<b>Last Calibration:</b>	2025-11-07	<b>Next Calibration:</b>	2026-11-07
<b>Serial No.:</b>	093074-103077; 3445	<b>Calibrated By:</b>	Amtronix (Pty) Ltd P.Makamela		



Test Date	Otoscopic	Test Type	Baseline Type	Left – X				Right – O									
				.5k	1k	2k	3k	4k	6k	8k	.5k	1k	2k	3k	4k	6k	8k
<a href="#">2025-12-03 12:09</a>	NAD	O Screening		0	5	10	5	5	15	5	5	5	10	10	10	0	5

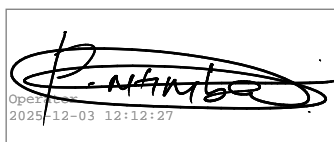
Test Date	Age	PLH	PLH Shift			ST (L)	ST Shift (Left)			ST (R)	ST Shift (Right)			ABHL	5ABHL
			Pre...	R.171	Entry		Pre...	R.171	Entry		Pre...	R.171	Entry		
<a href="#">2025-12-03 12:09</a>	22	1.1	–	1.1	1.1	6.7	–	6.7	6.7	10.0	–	10.0	10.0	6.2	6.5

MPANZA, SICELO



Patient  
2025-12-03 12:12:08

Miss P. Ntimba



Operator  
2025-12-03 12:12:27



# Vision Test Results

## Bambanani Occupational Health(RedTicket)

MHN29RGM 2025-12-03 11:04:47

Phindile

<b>Patient Number</b>	0305155565081	<b>Employer</b>	PRIVATE
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<b>ID No.</b>	0305155565081	<b>Department</b>	
<b>Date of Birth</b>	2003-05-15 (22)	<b>Position</b>	GENERAL WORKER
<b>Gender</b>	Male	<b>Environment</b>	Surface (Operational)

<b>Test Date</b>	2025-12-03 11:04	<b>Operator</b>	Phindile	<b>Reference</b>	-
<b>Job Standard:</b>	Skilled	<b>Tests Performed:</b>	Near, Night, Peripheral, Far		

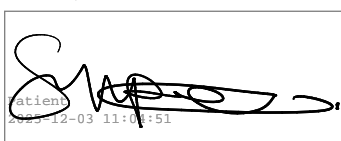
Far Vision	Standard	DAY	Interpretation
<b>Description</b>	<b>Standard</b>	<b>Result (Naked Eye)</b>	<b>Interpretation</b>
Binocular Vision	3 cubes	3 cubes	Pass
Visual Acuity Both	6/7.5	6/6	Pass
Visual Acuity Right	6/9	6/6	Pass
Visual Acuity Left	6/9	6/6	Pass
Stereo Depth Perception	70%	85%	Pass
Colour Perception	5 correct	6 correct	Pass
Muscle Balance Vertical	½ LH-½ RH	½ LH	Pass
Muscle Balance Lateral	4 ES-5 EX	1 ES	Pass

Near Vision	Standard	DAY	Interpretation
<b>Description</b>	<b>Standard</b>	<b>Result (Naked Eye)</b>	<b>Interpretation</b>
Binocular Vision	3 cubes	3 cubes	Pass
Visual Acuity Both	6/7.5	6/6	Pass
Visual Acuity Right	6/9	6/6	Pass
Visual Acuity Left	6/9	6/6	Pass
Muscle Balance Vertical	½ LH-½ RH	ORTHO	Pass
Muscle Balance Lateral	4 ES-5 EX	ORTHO	Pass

Night Vision	Standard	NIGHT	Interpretation
<b>Description</b>	<b>Standard</b>	<b>Result (Naked Eye)</b>	<b>Interpretation</b>
Visual Acuity Both	6/7.5	6/6	Pass
Visual Acuity Right	6/9	6/6	Pass
Visual Acuity Left	6/9	6/6	Pass

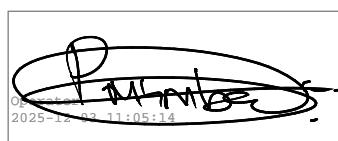
Peripheral Visual Fields	(Yes= Response, No= No Response)	Interpretation
Left Peripheral	Nasal/45° No 55° No 70° Yes 85° No	Severe Restriction
Right Peripheral	Nasal/45° No 55° No 70° No 85° No	Severe Restriction

MPANZA, SICELO



patient  
2025-12-03 11:04:51

Miss P. Ntimba



2025-12-03 11:05:14






# SICELO MPANZA 030515

Final Audit Report

2025-12-03

Created:	2025-12-03
By:	Diana Rakgalakane (drakgalakane@merc.za.net)
Status:	Signed
Transaction ID:	CBJCHBCAABAAAbM7e2kLDpaFc9AvV802SxPIr2_0PK_e5

## "SICELO MPANZA 030515" History

-  Document created by Diana Rakgalakane (drakgalakane@merc.za.net)  
2025-12-03 - 12:41:20 PM GMT
-  Document emailed to Mohammed Siddique Tayob (mstayob@mercresearch.com) for signature  
2025-12-03 - 12:41:56 PM GMT
-  Email viewed by Mohammed Siddique Tayob (mstayob@mercresearch.com)  
2025-12-03 - 2:50:17 PM GMT
-  Document e-signed by Mohammed Siddique Tayob (mstayob@mercresearch.com)  
Signature Date: 2025-12-03 - 2:54:37 PM GMT - Time Source: server
-  Agreement completed.  
2025-12-03 - 2:54:37 PM GMT