

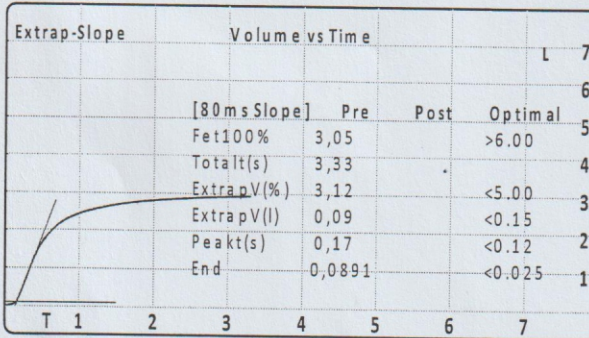
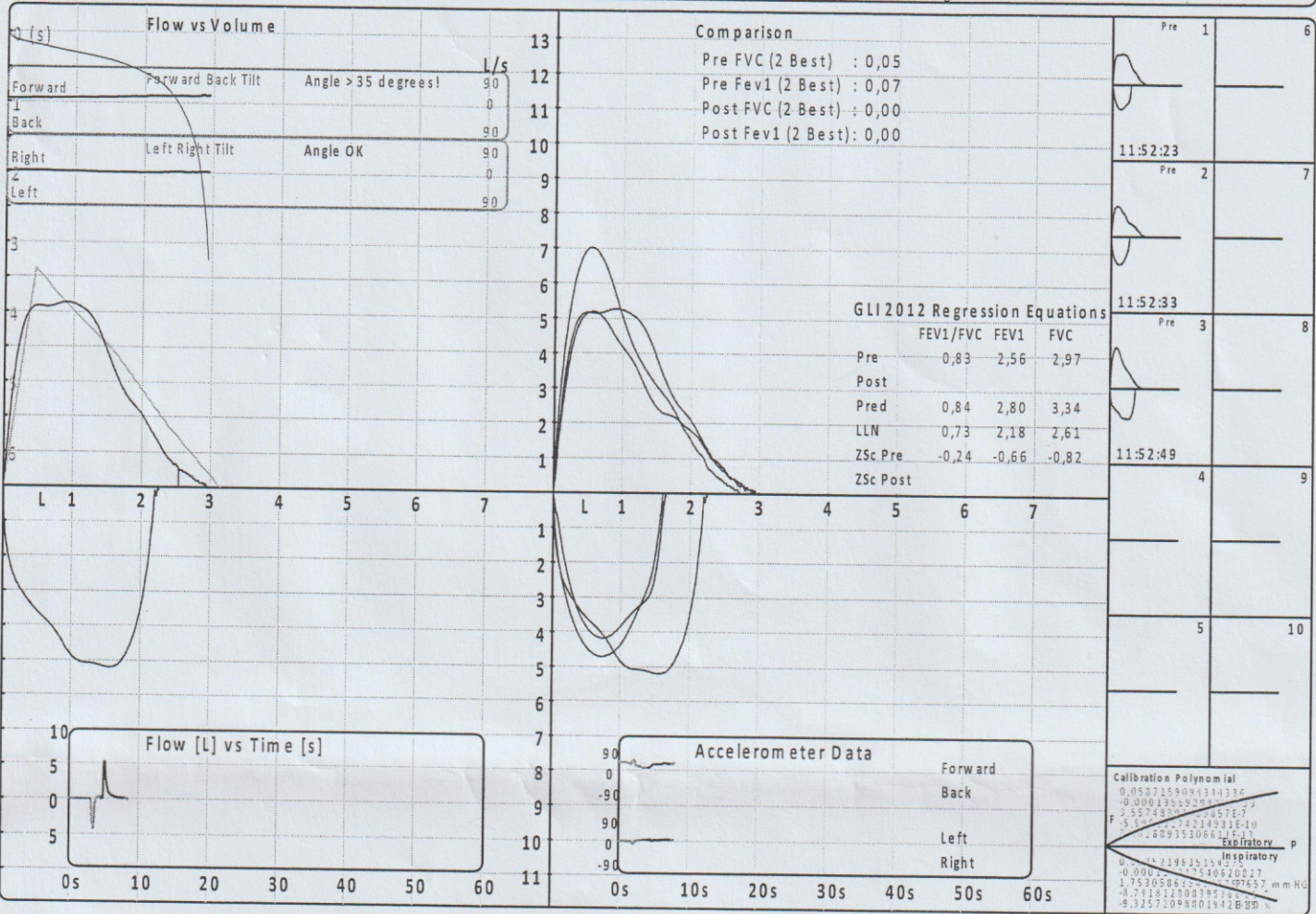
Flow Volume Test



v 2.81

25 Feb 2026
11:52:23

Code	9108310363082	Height	165 cm	Doctor	DR WISEMAN TLAKULA
Name	MANAMELA, WENDY	Weight	75,0 kg	Phone	0824693864
Date of Birth	31 Aug 1991	BMI	27,55	Operator	MILTON MOLEMA
Age and gender	34 years old Female	Ethnic	African	Environment	852 mm Hg, 25 C (77 F) G:25 49%
Occupation	GENERAL WORKER	Phone		Calibration	February 25, 2026, 08:23:44 AM (3)
Department		Smoking	0 pack years	Checked	February 25, 2026, 08:23:44 AM
Company	FENCEAFRICA	Illness	NONE	Test Position	sitting



Manual Report Medication: NONE

Date:

Computer Interpretation (LLN = Lower Limit of Normal, FEV1% = FEV1/FVC*100)
Spirometry within NORMAL limits: (FVC >= FVCLLN and FEV1% >= FEV1%LLN)
Interpretation as assessed by Spirometry, clinical assessment may differ

Bronchodilator: none 0 hours ago

Pred	Best Pre 1.3		Best Post 0.0		Change	Best PRE Tests			Best POST Tests		Limits		
	value	%	value	%		% Abs	#1	#2	#3	Lo	Hi	Adj	
ECCS-10													
FVC	3,18	2,97	93,37			2,97	2,92	2,74	2,48	3,88	1,00		
Fivc	3,17	2,27	71,50			1,66	1,61	2,27	2,48	3,86	1,00		
Fev1	2,76	2,56	92,56			2,56	2,48	2,42	2,14	3,38	1,00		
Fev1%	74,38	86,01	115,64			86,01	84,97	88,29	63,68	85,08	1,00		
Fev3		2,96				2,96	2,92	2,74			1,00		
Fev6		2,97				2,97	2,92	2,74			1,00		
Fef25	5,46	5,21	95,40			5,21	4,99	6,74	3,25	7,67	1,00		
Fef50	3,92	3,95	100,77			3,95	2,58	3,46	2,12	5,72	1,00		
Fef75	1,79	1,37	76,55			1,37	1,39	1,39	0,66	2,92	1,00		
FEF25-75	3,44	3,18	92,24			3,18	2,60	3,12	2,05	4,83	1,00		
FEF75-85		0,88				0,88	1,01	0,96			1,00		
FIF50		5,05				4,16	4,71	5,05			1,00		
Pefr	6,25	5,28	84,45			5,28	5,20	7,04	4,77	7,73	1,00		
Pifr		5,23				4,21	4,74	5,23			1,00		
Fev1/Fev6		86,01				86,01	84,97	88,29			1,00		

TLAKULA OCCUPATIONAL HEALTH
REG NO: 2011/007934/07
47A GROBLER STR, POLOKWANE, 0700
MEDICAL CHAMBER, SUITE 5
TEL: 015 291 4426 / FAX: 015 291 5665
Email: dr@tlakula-ohs.co.za

Tlakula Occupational Health and Safety Services

37a Grobller Street
Polokwane
0700
Tel: 015 291 4426
Fax: 015 291 5665

Tlakula
Occupational Health and Safety Services

CERTIFICATE OF FITNESS

Declaration and Recommendations by the Occupational Health Practitioner or the Occupational Medical Practitioner

Surname, Initial	MANAMELA W.R		SAP Number/ID Number	910831 0363 082			
Department	FENCE AFRICA		Location	POLOKWANE			
Position:	GENERAL WORKER		Safety Critical	Yes <input checked="" type="checkbox"/>	No		
Examination	Pre-employment	Periodic	Entry <input checked="" type="checkbox"/>	Follow up PHC	Follow up OH	Post illness	Exit
Examination	Chronic disease follow up	Exec Medical	Incapacity	Absenteeism	Injury on duty	Occupational Disease	Other
Special Examinations Performed	Audiometry <input checked="" type="checkbox"/>	CXR	Visual / Keystone <input checked="" type="checkbox"/>				
	Physical examination <input checked="" type="checkbox"/>	GGT	Spirometry <input checked="" type="checkbox"/>				

OUTCOME OF EXAMINATION (Mark applicable Fitness status and recommendations)

Fitness status according to company standards	Recommendations	
Fit for duty <input checked="" type="checkbox"/>	No limitations / restrictions <input checked="" type="checkbox"/>	Referrals
Fit for Duty Subject to Specific conditions	Temporary restriction	Referral Other Specialist
Fit for Duty Subject to Job Modification (PHC)	Adaptation of work environment required	Referral Own health care
Fit for Duty Subject to Review	Education / training	Referral Pulmonologist
Temporarily Unfit Subject to Review	Need incident investigation	Referral Neurologist
Permanently Unfit for Duty	Referred Audiologist	Referral psychologist
Fit for Exit	Referred ENT Specialist	Referral State Facility
Fit for Exit Subject to Review	Referred Dermatologist	Referral to Human Resources
	Referral Other:	Need assessment for incapacity

Restrictions	Nil <input checked="" type="checkbox"/>	Driving – Codes C1, C, EC1 or EC	Respiratory risk areas	Heat stress areas	Safety critical work
Restrictions (mark applicable)	Noise zones	Driving – Codes A1, A, B or EB		Other :	

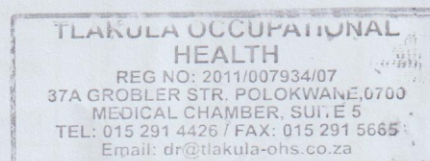
Monitoring variance diagnosed

Type and date of Occupational disease diagnosed

Date of examination: 25 / 02 / 2026 Expiry date of certificate: 25 / 02 / 2027

We hereby certify that this document embody the examination findings completely and correctly:

	OHP	OMP
Signature		
Surname, Initial		X.W.T. LAKULA
Date	25.02.2026	25.02.2026



DR. A.W. FLAKULA
BSc. MBCHB. DOH&M(Pret)
PR NO: 0030376
MP NO: 050 1557
Occupational Medicine Practitioner

Name of employee: *Possible Exposures		ID Number:	Company:
*Occupation	e.g. noise, dust, confined spaces, heat		
*Tick	Confined Spaces		
	Working on Heights		
	Ergonomics i.e. Unusual Working Position		
	Use of Chemicals		
	Vibration		
	UV Radiation		
	Exposure to cold/heat stress		
	Dust		
	Oils & Lubricants		
	Manual Handling / Hard Physical Labour		
	Weights > 10kg		
	Work Pressure/Time Constraints		
	Exposure to Fumes		
	Exposure to corrosive chemicals/liquids		
	Shift Work		
	Asbestos / Silica		
	Noise > 85dB		
	General Construction Work		
	Crane Operator		
	Driving Light Duty Vehicles		
	Use of Hand Tools / Portable electrical equipment		
	Use of Mechanical Equipment		
	Manual Handling Heavy Materials		
	Welding - TYPE		
	TLB Operator		
	Driver - CODE..C1		
	Digging Trenches		
	Reflector Vest		
	Fire Retardant Clothing		
	Safety Boots		
	Hearing Protection		
	Hard Hat		
	Dust Mask		
	Safety Goggles / Face Shields		
	Gloves		

*Personal Protective Equipment
e.g. dust respirators, gloves, reflector vest, safety boots

*Job Specific Requirements
e.g. operating an excavator, erecting from work and scaffolding

*The Employer is required to complete sections marked with * before sending for medical examination.

Declaration by 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 without restrictions, FIT with restrictions, UNSUITABLE to perform the duties as described by the employer / employee in the matrix above.

Comments: fit for duty

Occupational Medical Practitioner (Print Name): DR. X.W. TLAKULA

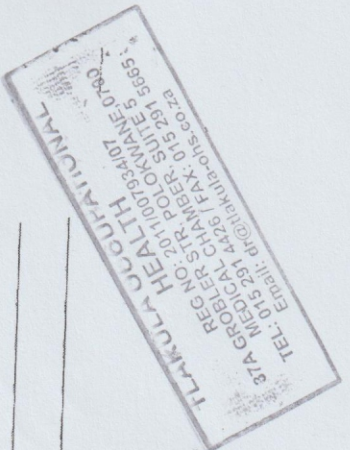
Signature: [Signature]

Address: 32A

Practice Number: 5555550

Date: 05/02/2016

number 1 Rowan street



DR. X.W. TLAKULA
BSc, MBChB, DOH&M(Pret)
PR NO: 0030376
MP NO: 050 1557
Occupational Medicine Practitioner

Audiometric Test Results

Company : FENCE AFRICA

Summary

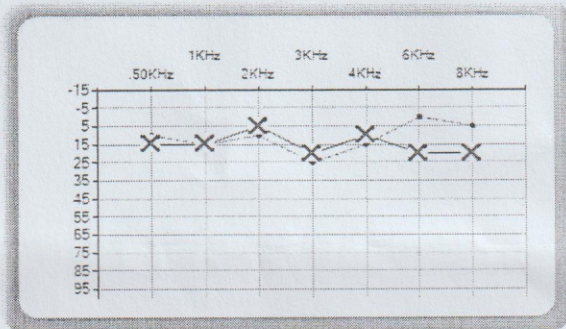
Name : Wendy Manamela Age : 34
 Company Number : 910831
 ID Number : 9108310363082
 Company : FENCE AFRICA
 Occupation : GENERAL WORKER
 Tested by : Clinic
 Date of Test: 2026/02/25 Time: 12:43 PM
 Audio Type: Screening
 Noise Exposure: < 85 dB Exposure date: 2026/02/25

	PLH	BL/Shift
Current	1.3	0
Previous	1.3	
Curr. - Prev.	0.0	
Baseline	0	0

Date	Time	Consultation	Audio Type	LDSHL	RDSHL	PLH	SHB	SHPrv	PBI	ABHL	CAT	RTS	
2026/02/25	12:42 PM	Pre-Empl.	Initial	60	15	1.3	0	0.0	0	9.3	3C	25	1
2026/02/25	12:43 PM	Pre-Empl.	Screening	55	25	1.3	0	0.0	0	10	3C	20	2

Left Ear

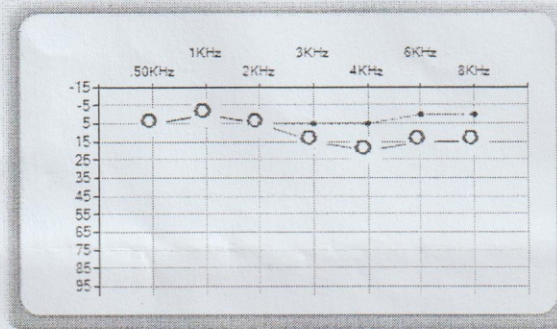
L500	L1000	L2000	L3000	L4000	L6000	L8000	STS	Avg.	
10	15	10	25	15	0	5		16.67	(1)
15	15	5	20	10	20	20	0	11.67	(2)
									(3)



Legend: Baseline (dashed line with 'x'), Current (solid line with 'o')

Right Ear

R500	R1000	R2000	R3000	R4000	R6000	R8000	STS	Avg.	
5	0	5	5	5	0	0		5	(1)
5	0	5	15	20	15	15	0	13.33	(2)
									(3)



Legend: Baseline (dashed line with 'x'), Current (solid line with 'o')

Notes :

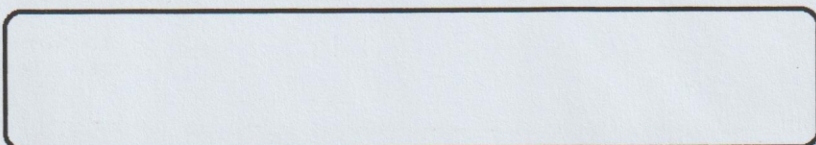


I, the patient, hereby grant permission for the above information to be disclosed to my supervisor/manager/company.

Patients signature:	
OHN / OHP :	
Date/Time printed:	2026/02/25 12:47 PM

Audiometer Details

Model : Oscilla SM930
 SerialNo : 930-11188-AS
 Calibrated on : 2025/10/24
 Calibrated by : Medical Solutions



Keystone VS-V GT Medical Record Form

For use with Model 1160
VS-V GT Medical Screeners

Name Maramba W. Woody Date 25 Oct 26
Occupation General worker Age 34

Does the examinee wear: Glasses or Contacts (If yes, how often?) Always Sometimes
What kind of vision correction? Distance Only Reading Multifocals

FAR POINT TESTS - SWITCH TO FAR ON HAND CONTROL <input checked="" type="checkbox"/>						
#	TEST DESCRIPTION AND KEY (Corresponds to Hand Control)			UNACCEPTABLE	MARGINAL	ACCEPTABLE
RIGHT EYE: ACUITY						
	A	B	C	(One Miss Allowed Per Line)		
1	20 = 547638	25 = 428576	30 = 423852	20/70 = 9574	20/40 = 795823	20/30 = 945852
2	40 = 795823	50 = 357248	60 = 7236	20/200 = 5	20/60 = 7236	20/25 = 428576
3	70 = 9574	100 = 92	200 = 5	20/100 = 92	20/50 = 357248	20/20 = 547638
LEFT EYE: ACUITY						
	A	B	C	(One Miss Allowed Per Line)		
1	20 = 745932	25 = 578236	30 = 346752	20/70 = 8453		20/30 = 346752
2	40 = 534268	50 = 752386	60 = 6254	20/200 = 3	20/60 = 6254	20/25 = 578236
3	70 = 8453	100 = 85	200 = 3	20/100 = 85	20/50 = 752386	20/20 = 745932
BOTH EYES: ACUITY						
	A	B	C	(One Miss Allowed Per Line)		
1	20 = 857432	25 = 674235	30 = 382457	20/70 = 2978		20/30 = 382457
2	40 = 563472	50 = 859423	60 = 8927	20/200 = 9	20/60 = 8927	20/25 = 674235
3	70 = 2978	100 = 43	200 = 9	20/100 = 43	20/50 = 859423	20/20 = 857432
INTERMEDIATE POINT TEST - SWITCH TO INT 1 <input checked="" type="checkbox"/> OR INT 2 <input checked="" type="checkbox"/> ON HAND CONTROL						
BOTH EYES: ACUITY						
	A	B	C	(One Miss Allowed Per Line)		
1	20 = 857432	25 = 674235	30 = 382457	20/70 = 2978		20/30 = 382457
2	40 = 563472	50 = 859423	60 = 8927	20/200 = 9	20/60 = 8927	20/25 = 674235
3	70 = 2978	100 = 43	200 = 9	20/100 = 43	20/50 = 859423	20/20 = 857432
FAR POINT TESTS - SWITCH TO FAR ON HAND CONTROL <input checked="" type="checkbox"/>						
4	COLOR Severe (Red/Green) 32 79 23			None or One Correct	Two Correct	<u>Three Correct</u>
4	COLOR Mid (Blue/Violet) 92 56 63			None or One Correct	Two Correct	<u>Three Correct</u>
4	HORIZONTAL FIELD TEST			<input checked="" type="checkbox"/> 85° <input checked="" type="checkbox"/> 70° <input checked="" type="checkbox"/> 55° LEFT SIDE NASAL NASAL	<input checked="" type="checkbox"/> 55° <input checked="" type="checkbox"/> 70° <input checked="" type="checkbox"/> 85° RIGHT SIDE	
	VERTICAL FIELD TEST			<input checked="" type="checkbox"/> 35° L <input checked="" type="checkbox"/> 35° R UPPER	<input checked="" type="checkbox"/> 35° L LOWER	
5	PHORIA (EYE COORDINATION) RED - LATERAL			ESO 0 1 2 3 4 5 6 7 8 9 EXO Δ • Δ • Δ • Δ • Δ • Δ • Δ • Δ • Δ • Δ	<input checked="" type="checkbox"/> 5	
5	GREEN - VERTICAL			RIGHT H. 0 1 2 3 4 5 6 7 8 9 LEFT H. ORTHO	<input checked="" type="checkbox"/> 5	
6	STEREOPSIS			<input checked="" type="checkbox"/> Box 10%, 592° <input checked="" type="checkbox"/> Heart 30%, 208° <input checked="" type="checkbox"/> Cross 40%, 74°	<input checked="" type="checkbox"/> Star 75%, 45°	<input checked="" type="checkbox"/> Cross 85%, 32°

Continued on reverse side



Mast Concepts
2200 Dickerson Road
Reno, NV 89503
775.324.2799 775.324.5375 FAX
sales@keystoneview.com www.keystoneview.com