

Tlakula Occupational Health and Safety Services

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



CERTIFICATE OF FITNESS

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

Surname, Initial		MOABELO M.		SAP Number/ID Number		940618 5523 081	
Department		SENSE COMPANY		Location		POLOKWANE	
Position:		FENCE INSTALLATION		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
Examination		Chronic disease follow up	Exec Medical	Incapacity	Absenteeism	Injury on duty	Occupational Disease
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	24 / 02 / 2026	Expiry date of certificate	24 / 02 / 2027
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We hereby certify that this document embody the examination findings completely and correctly:

	OHP	OMP	
Signature			
Surname, Initial		X.W. TLAKULA	
Date	24.02.2026	24.02.2026	

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

