

186 Cowen Ntuli Street, Middelburg

Tel nr: +27 013 243 1218

e-mail: redtickets@merc.za.net

Operating Hours:

Mon to Fri, 07:30 to 16:30

Bambanani Occupational Health Medical Centre

Certificate of Fitness

Exam No: 402205

Medical: Initial

GroupID: Bambanani

Gender: Male

Name: ZAKHELE KHUMALO

Company: Private

Birthdate: 1994/06/06 Age 31

ID No: 9406065777088

Designation: General workers

Employee No: 9406065777088

Exposures
Climbing
Cold
Driving/Travelling
Electrical contact
Heights
Hot
Radiation
Repetitive Strain
Rough Terrain
Shift Worker
Slip and Fall

Job Specific Requirement
Balance
Colour Vision
Communication Skills
Eye/Hand/Fect Co-ordination
Fine Motor Skills
Heat Tolerance
Physical Strength
Stamina
Visual Acuity
Working at Heights
Working in Confined Spaces

Protective Equipment
Apron Spats
Dust Mask
Eye Protection
Face Shield
Hard Hat
Hearing Protection
Overall
Safety Boots
Safety Harness

I certify that I have, by examining and testing using the criteria above, satisfied myself that the abovementioned employee is:

FIT

Comments:

Examination Date: 2025/08/08

Expiry Date: 2026/08/08

I ACKNOWLEDGE THAT I HAVE BEEN EXAMINED AND THE RESULTS OF THE EXAMINATION EXPLAINED TO ME.

Occupational Health Nurse Practitioner
Sr Makua

Nursing (Occupational Health)

SANC Ref: 11859584

08-08-2025
Examinee Date

Dr. AC BASSA Pr 1562762 MP 0332224
MBChB (Natal); MMedFamMed; MSc Sports Medicine; DOHIM; DTMII (Pret);
Dip Unani Tibb (UWC); Dip HIV Man (SA); DPDerm (Cardiff); Dip Diabetes(USW)

Dr. MS TAYOB Pr 1421239 MP 0331996
MBChB (Natal); Dip Diabetes(USW); DOHIM (Pret)

BAMBANANI OCCUPATIONAL HEALTH

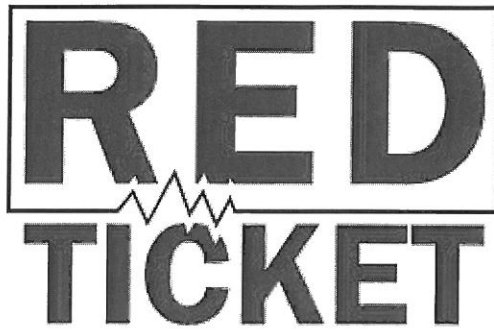
Dr.AC BASSA Dr.MS TAYOB

Pr 1562762 Pr 1421239

MP 0332224 MP 0331996

186 COWEN NTULI STR.MIDDELBURG 1050

P.O BOX 1658
TEL:013 282 5218



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Operating Hours:

Mon to Fri, 07:30 to 16:30

Medical Certificate

Company: Private

Section/Site:

Date: 2025/08/08 Type: Initial - Initial

Medical Exam No: 402205

Name: Mr ZAKHELE KHUMALO

ID/Passport No 9406065777088

Occupation: General workers

FIT

Expiry Date 2026/08/08

Vital Statistics

Table with columns: Age, Height, Weight, BMI, Change, BP Sys / BP Dia, Pulse, Pattern, Smoker?, Per Day, Drink?, Per Week, Type

Referral Examiner Sr Makua

Table for Audio test results with columns: L500, L1000, L2000, L3000, L4000, L6000, L8000, R500, R1000, R2000, R3000, R4000, R6000, R8000

Table for Tympanic Membrane Left with columns: Type, PLH, ABHL, PLH Shift, PBI, Refer, Repeat After Wknd, After Syringe

Table for Tympanic Membrane Right with columns: Type, PLH, ABHL, PLH Shift, PBI, Refer, Repeat After Wknd, After Syringe

Table for Vision Results with columns: Left, Right, Both, Corrected, Comment

Table for Peripheral Depth Perception with columns: L85, L70, L55, LNasal, RNasal, R55, R70, R85, Refer

Table for Lung Function with columns: FVC, FVC%, FEV1, FEV1%, FEV1/FVC, FEV1/FVC%, FEF25/75, FEF85/95, Refer

Table for X-Ray Results with columns: ILO, Status, Lesions, Comment, X-Ray No

Table for Urine Tests with columns: Result, Comment

AMBAHANI OCCUPATIONAL HEALTH Dr.AC BASSA Dr.MS TAYOB Pr 1562762 Pr 1421239 MP 0332224 MP 0331996 186 COWEN NTULI STR, MIDDELBURG 1050

Date: 2025/08/08 Type: Initial - Initial

Medical Exam No: 402205

Name: Mr ZAKHELE KHUMALO

ID/Passport No 9406065777088

Occupation: General workers

FIT

Expiry Date 2026/08/08

Physical Examination

1 Did you smoke 1 hour before the test?	NAD
2 Did you stop taking alcohol 4 hours before the test?	Yes
3 Did you have a heavy meal within 2 hours of testing?	NAD
4 Have you done exercise 30 minutes before the test?	NAD
5 Do you wear restrictive clothing?	NAD
6 Did you take excessive volumes of liquid 1 hour before the test?	NAD
7 Did you use short term bronchodilators within 4 hours prior to testing?	NAD
8 Did you use long active bronchodilators within 12 hours of testing?	NAD
9 Head, face, scalp and neck	NAD
10 Ears, nose and throat	NAD
11 Lungs, chest and breast	NAD
12 Heart size and Sound	NAD
13 Vasculer System (Glands and Lymph Nodes)	NAD
14 Abdomen-Hernia	NAD
15 Neurological System	NAD
16 Upper and lower limbs	NAD
17 Spine and Musculoskeletal	NAD
18 Skin	NAD



Examinee Signature

Mr ZAKHELE KHUMALO

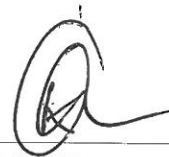


Occupational Health Nurse Practitioner

Sr Makua

Nursing (Occupational Health)

SANC Ref: 11859584



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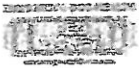
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BAMBANANI OCCUPATIONAL HEALTH

"ACCESS TO EQUAL CARE FOR EQUAL NEED"

186 COWEN NTULI STR NIDDELBURG 1050

Cell phone: 061 378 4499

E-MAIL: ms@ohnc.za.net / hvc.wray1@gmail.com

Webpage: myredticket.co.za

X-RAY REPPORT

Name: Zakhele	Surname: Khumalo	ID Number: 9406065777088	Smoker: YES <input type="radio"/> NO <input checked="" type="radio"/> EX
Date of X-Rays: 08/08/2005	Initial: <input checked="" type="radio"/>	Periodical: <input type="radio"/>	Exit: <input type="radio"/>
Company Name: Private	Company Number:	Film Quality: 1 2 3 Unreadable	
Occupational History			

PARENCHYMAL ABNORMALITIES

(YES=1/ NO=2)

SMALL OPACITIES

PRIMARY		SECONDARY		ZONES		PROFUSION			
P	S	P	S	R	L	0	0/-	0/0	0/1
Q	F	Q	F			1	1/0	1/1	1/2
R	V	R	V			2	2/1	2/2	2/3
						3	3/2	3/3	3/4

Large Opacities

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Pleural changes

PLEURAL THICKENING

Thickening Diaphragm

(Plaque)

Site	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Costophrenic Angle

Site	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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PLEURAL THICKENING

Circumscribed (Plaque)	Site Width In Profile Extent	R				L			
		0	a	b	c	0	a	b	c
Face on	0	1	2	3	0	1	2	3	

Diffuse	Site Width In Profile Extent	R				L			
		0	a	b	c	0	a	b	c
Face on	0	1	2	3	0	1	2	3	

PLEURAL CALCIFICATION

SITE	R				L			
Diaphragm	0	1	2	3	0	1	2	3
Wall	0	1	2	3	0	1	2	3
Other Sites	0	1	2	3	0	1	2	3

FIBROCALCIFICATIONS

Comments:

BAMBANANI OCCUPATIONAL HEALTH

Dr. AC BASSA Dr. MS TAYOB

Pr 1562762 Pr 1431239

MP 0332224 MP 0331998

186 COWEN NTULI STR NIDDELBURG 1050

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TEL: 013 292 5218

OTHER SYMBOLS

Comments:

o	ur	lm	ca	ca	ca	cp	Cr
ef	ent	es	fr	hi	ho	id	in
pi	px	rp	th	di	ki	od	

Radiographer Signature:

OMP (Doctor) Signature:

Company Details

Company Info				Printout Details	
Company Name	Bambanani	Company Classification	Private	Print Date	2025-08-08 10:34

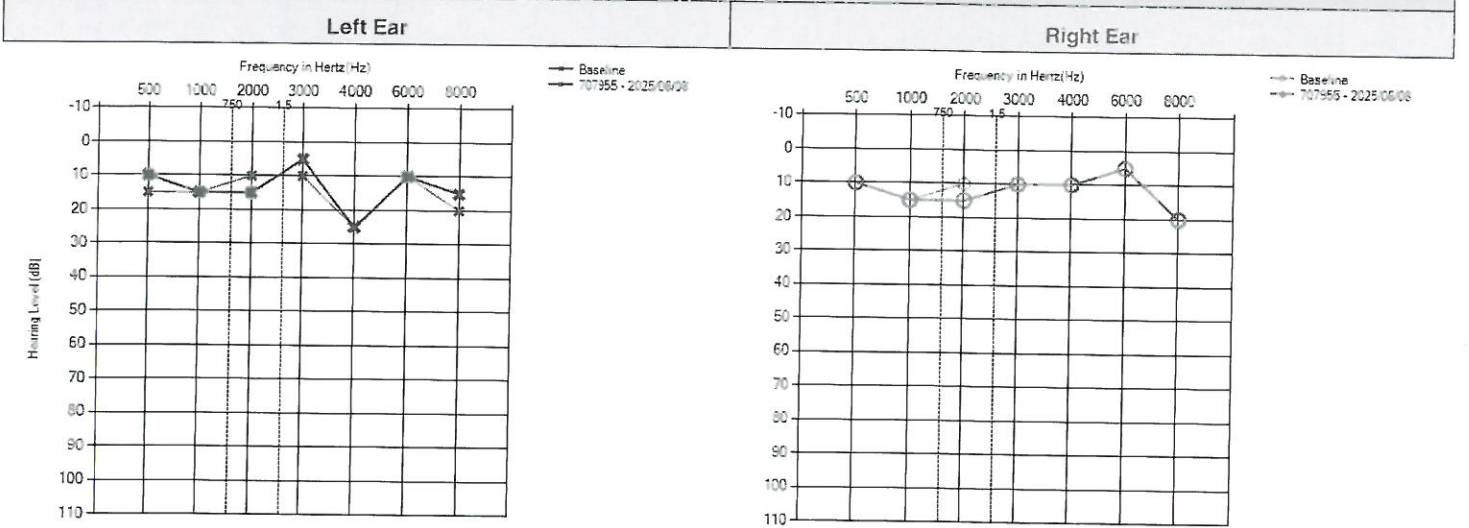
Printout Details

Patient Information		Patient Audiogram Results		Company Information	
Patient Name	Zakhele Khumalo	Test Date	2025/08/08	Company No	9406065777088
ID No.	9406065777088	Test Time	10:29	Department	N/A
Gender	MALE	Next Test Date	2026/08/08	Position	General Workers
Date of Birth	1994/06/06	Operator	Phindile Ntimba	Employment Date	2025/08/08
Age	31	PLH	1.2		

Calibration Details

Device Information		Calibration Information		Biological Information	
Device Name	Tremetrics RA650	Calibration Date	2024/12/04		
Serial Number		Calibrated By	Stefan Fourie		
		Calibrated By Company	NS Clinical Technologies		
		Calibrated By Contact No	0795115442		

Audiogram Results - Screening ()



Audiogram Values				Left								Right								STSL			Shift			PLH			ABHL		
Key	Manual Entry	Test Date	Test Type	500	1K	2K	3K	4K	6K	8K	500	1K	2K	3K	4K	6K	8K	STSL	Shift	STSR	Shift	PLH	PLH Shift	ABHL							
NA	No	2025/08/08 10:34	Baseline	15	15	10	10	25	10	20	10	15	10	10	10	5	20	15	0.0	10	0.0	1.2	0.0	11.9							
NA	No	2025/08/08 10:29	Screening	10	15	15	5	25	10	15	10	15	15	10	10	5	20	15	15.0	11	11.0	1.2	0.0	11.9							

Operator Signature (Phindile Ntimba):

Employee Signature:

The audiometrist is registered with the South African Society of Occupational Health Nursing Practitioners.
ClinBase Version 1.0.0.3

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Pulmonary Function Report

Bambanani
Middelburg

Screener Report

Patient Information

Name: khumalo, z	ID: 9406065777088	Ethnic predicted correction (%):
Height at test (cm): 171,0	Sex: Male	Ethnic group:
Weight at test (kg): 84,0	Age at test: 31	Predicted set: ECCS 1983/93, Polgar(Peds)1971

Comments:

Diagnosis:

Smoking history (pk-yrs):

Occupation:

Interpretation

MILD RESTRICTIVE VENTILATORY DEFECT. This is indicated by the finding of a mildly reduced forced vital capacity (FVC). This interpretation is valid only upon physician review and signature.

Site: Bambanani Clinic
Effort protocol: ATS/ERS 2005
Physician: Sr Makua
Technician: Mr Nkomo

Pneumotach calibrated by: Mr Nkomo
Pneumotach calibration date/time: 2025/08/08 08:13
Effort summary: 3 efforts: 2 acceptable, 2 reproducible
Test comments:

Test grade: B
Test date/time: 25/08/08 11:11:46
Number of efforts performed: 3
ATS recommendations met: No

Results

Result	Pred	Best	%Prd	2nd	%Prd	3rd	%Prd
FVC (L)	4,69	3,48	74%	3,43	73%	3,25	69%
FEV1 (L)	3,96	3,00	76%	3,04	77%	2,99	75%
FEV1/FVC	0,82	0,86	106%	0,89	109%	0,92	113%
PEFR (L/s)	9,33	10,81	116%	8,72	93%	7,97	85%
FEF25% (L/s)	7,97	10,77	135%	8,72	110%	7,63	96%
FEF50% (L/s)	5,17	5,92	114%	7,29	141%	7,42	143%
FEF75% (L/s)	2,31	1,48	64%	2,10	91%	2,31	100%
FEF25-75% (L/s)	4,69	4,34	93%	5,39	115%	5,56	119%
Exp time (s)	---	6,09	---	5,26	---	2,43	---

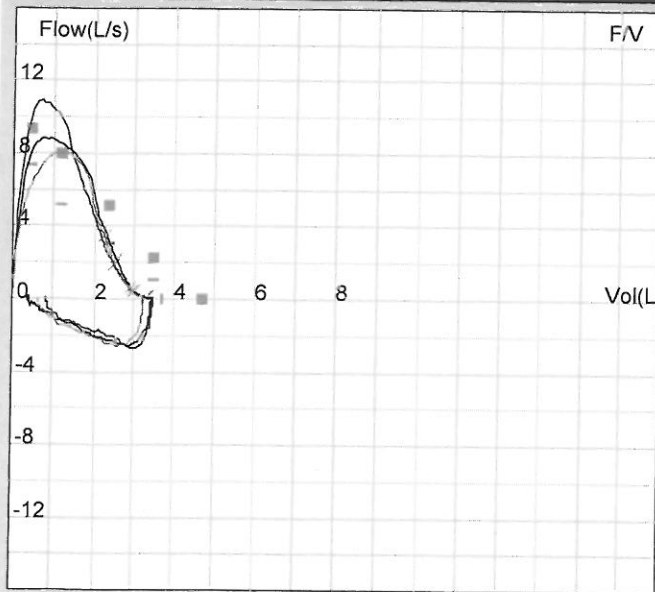
Usability cautions:

Acceptability cautions:

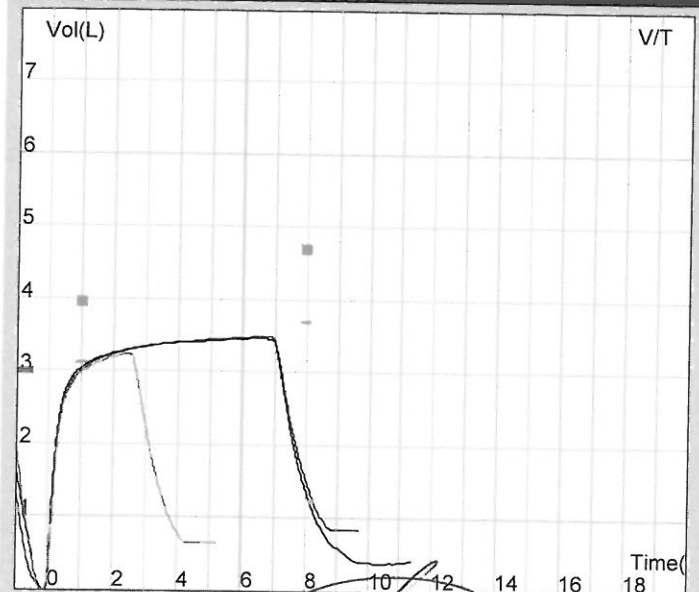
Reproducibility cautions:

Start

FVC Flow vs. Volume



FVC Volume vs. Time



Subject Signature

Operator Signature

These Pulmonary Function Tests were performed using a Koko PPT spirometer from the nSpire range of medical diagnostic equipment.

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MP 0332224 MP 0331996

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BAMBANANI OCCUPATIONAL HEALTH CENTRE

INITIAL		BASELINE		PERIODICAL		EXIT	
---------	--	----------	--	------------	--	------	--

FULL NAME AND SURNAME		* 94 0606 5777 088				DATE	*
ID NUMBER		* JAKHIEL KHAMU					
Height	174	Weight	89	BMI	28.7	BP	139/68
						Pulse	87

1.	DEPRESSION, ANXIETY, SCHIZOPHRENIA, ALCOHOL DEPENDENCY, DRUG DEPENDENCY OR ANY MENTAL DISORDER	YES	NO
2.	HAVE YOU EVER BEEN TESTED FOR HIV	YES	NO
3.	CHEST X-RAYS	NORM	ABN

URINE ANALYSES	
NORMAL	<input checked="" type="checkbox"/>
BLOOD	<input type="checkbox"/>
UROBILINOGEN	<input type="checkbox"/>
PROTEIN	<input type="checkbox"/>
NITRITGLUCOSE	<input type="checkbox"/>
LEUCOCYTES	<input type="checkbox"/>

VISION SCREEN		
WITH GLASSES/CONTACT LENSES	NO	YES
SNELLER TEST LEFT EYE	6/6	
SNELLER TEST RIGHT EYE	6/6	
SNELLER TEST BOTH EYES	6/6	
KEYSTONE	PASS	FAILED

HEARING TEST	
PLH	1.2

GLUCOSE	
GM	

MONTGOMERY	PASS	FAIL
ISHARA	PASS	FAIL
GREY SCALE	PASS	FAIL

MULTI DRUG SCREENING	
NEGATIVE	<input type="checkbox"/>
POSITIVE	<input type="checkbox"/>
CANNABIS	
NEGATIVE	<input type="checkbox"/>
POSITIVE	<input type="checkbox"/>
ALCOHOL TEST	
NEGATIVE	<input type="checkbox"/>
POSITIVE	<input type="checkbox"/>

LUNG FUNCTION TEST	PRESENTAGE %	SCREEN FOR COVID19	YES	NO
FVC	74			<input checked="" type="checkbox"/>
FEV1	41	TB SCREENING	YES	<input checked="" type="checkbox"/>
FVC/FEC1	108	HIV PRE-COUNSELING	YES	<input checked="" type="checkbox"/>
FEF25-75%	93			

HEALTH EDUCATION	ADVISE TO WEAR HEARING PROTECTION AT WORK	ADVISE TO KEEP EARS CLEAN	ADVISE TO WEAR GLASSES AT WORK	ADVISE TO WEAR DUST MASK
REFERRAL:	AUDIO	VISION	LUNGS/SPUTUM	BP
				GLUCOSE

SYMPTOMS OF ACTIVE TB DISEASE	YES	NO
Coughing (>3weeks)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Night Sweats	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Weight loss	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Poor appetite	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Chest pain	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Coughing up blood	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Fever/Chills	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Fatigue	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Note: IF TB symptoms are present, promptly refer for chest X-Rays and medical evaluation.

	YES	NO	Comments
Have you ever had the BCG vaccine?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Have you ever been treated for latent TB infection?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Have you ever been treated for active TB disease?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

I HERBY DECLARE THAT ALL THE INFORMATION FURNISHED ABOVE IS, TO THE BEST OF MY KNOWLEDGE, TRUE AND CORRECT AN THAT NO INFORMATION HAS BEEN OMITTED OR WITHHELD

Counsellor Signature:

Employee Signature:

DATE: * 08. 08. 2025 *

BAMBANANI OCCUPATIONAL HEALTH
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BAMBANANI OCCUPATIONAL HEALTH CENTRE
PHYSICAL EXAMINATION

FULL NAME AND SURNAME		Zakwele Khumalo	
ID NUMBER		9406065777088	
EXAMINATION: NAD= NORMAL ABN= ABNORMAL			COMMENTS
1	HEAD, FACE, AND NECK	NAD	ABN
2	EARS, NOSE AND THROAT	NAD	ABN
3	LUNGS AND CHEST	NAD	ABN
4	HEART SIZE AND SOUND	NAD	ABN
5	VASCULER SYSTEM (GLANDS AND LYMPH NODES)	NAD	ABN
6	ABDOMEN-HERNIA	NAD	ABN
7	NEUROLOGICAL SYSTEM	NAD	ABN
8	UPPER AND LOWER LIMBS	NAD	ABN
9	SPINE AND MUSCOLOSKELETAL	NAD	ABN
10	SKIN	NAD	ABN

OCCUPATIONAL PRACTITIONER SIGNATURE:  DATE: 9/9/2020

BAMBANANI OCCUPATIONAL HEALTH
 Dr. AC BASSA Dr. MS TAYOB
 Pr 1562762 Pr 1421239
 MP 0132224 MP 0131336
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BAMBANANI OCC HEALTH



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Pr. 1562762

Pr. 1421239

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Your partner in the health of your employees

Patient- Client Code of Conduct

1. General:

All patients and clients that arrive at Buttercup Distribution t/a Bamabanani Occupational Health Medical Fitness Examination must comply with the following laid down rules:

- 1.1 All persons to arrive at Buttercup Distribution t/a Bamabanani Occupational Health with a prescribed booking form and or appointment.
- 1.2 All persons to give proof of Identification by means of ID card, ID Document and/or Passport.
- 1.3 All persons to report to the Reception desk to be informed of due process.
- 1.4 All persons will be expected to sign the Patient-Client Code of Conduct at the information desk when information is recorder for the Medical Fitness Evaluation.
- 1.5 All persons must please provide a job specification, except for private patients and exits.

2. Procedure that will be followed:

- 2.1 Registration and completion of Client-Patient information.
- 2.2 Eye test, blood pressure and vitals – weight and height.
- 2.3 Urine test- illegal Substances.
- 2.4 Lung Function test.
- 2.5 X-Rays of the chest.
- 2.6 Audio test on hearing.
- 2.7 Quality check and examination.

3. Special Instructions

- 3.1 At this point the BOH will instruct all persons to switch off their Cell Phones, Radio, 2-way Communication Radios and any other devices that could influence the Medical testing/Examination equipment.
- 3.2 All persons visiting the Medical Centre for a Medical Fitness evaluation will respect treat and talk to medical personnel in such manner that the Medical Professions Ethical Codes of Conduct are not being disrespected.
- 3.3 If any of the Medical Staff treat you with disrespect, badly and with prejudice please ask to see the BOH Supervisor and Report the matter to him or her.

*

Client Signature

* 8 . 8 . 2025

Date

BOH Representative

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