

Certificate No: CB07014



Annexure 3

Construction Regulations, 2014

Medical Certificate of Fitness

Sr Carin Bredenhann
Practice Number: 0880000598100
Cell Number: 082 684 2088
E-mail: carinbred2@gmail.com

Occupational Health Nurse Practitioner

Name of Employee: **Jade Brummer** ID/Passport Number: **9705155151082**
Company: **Thenjiwe Supplies and Repairs** Date of Medical done: **11 May 2018**

* Occupation	* Possible Exposures	* Job Specific Requirements	* Protective Equipment
Electrician Assistant	Dust/Noise/Heat	Working on Heights	Mask/Hearing Protection/Safety Boots/Reflective Vest

Declaration by the Medical Examiner:

I certify that by examination and testing, using the above criteria specified by the employer, satisfied myself that the abovementioned employee is fit / unfit to perform the duties as prescribed by the employee in the matrix above.

Dr's Comment:

Signature Dr. R.D. McAulay Date 11/5/2018

Dr. R.D. McAULAY
(MChB DOH)
MP 0292680
PR 1520040
PO BOX 22018
HELDERKRUIJN 1733

Keystone DVS-V GT Record Form

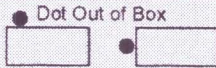


For use with Model
DVS-V GT Screeners

Name Jade Brummer Date 11/05/18

Occupation Electrical Age 20

Does the examinee wear Glasses or Contacts (If yes, how often?) Always Sometimes

What kind of Vision Correction? Distance Only Reading Multifocals

TEST DESCRIPTION AND KEY (Corresponds to Remote Control Key)	UNACCEPTABLE	RETEST	ACCEPTABLE	NIGHT VISION	
				PASS	FAIL
QUICK ACUITY TEST BOTH RIGHT LEFT 1. 958 479 823 2. 347 563 268 3. 426 728 534	ROW ONE: <input type="checkbox"/> Six or Less Correct 1. 958 2. 479 3. 823	<input type="checkbox"/> Seven correct	<input type="checkbox"/> Eight or More correct	<input checked="" type="checkbox"/>	
	ROW TWO: <input type="checkbox"/> Six or Less Correct 1. 347 2. 563 3. 268	<input type="checkbox"/> Seven correct	<input type="checkbox"/> Eight or More correct	<input checked="" type="checkbox"/>	
	ROW THREE: <input type="checkbox"/> Six or Less Correct 1. 426 2. 728 3. 534	<input type="checkbox"/> Seven correct	<input type="checkbox"/> Eight or More correct	<input checked="" type="checkbox"/>	
COLOR 4 1 6 3	Two or Less Correct 4163	Three Correct 4163	All Correct 4163 <input checked="" type="checkbox"/>		
HORIZONTAL FIELD TEST	LEFT SIDE <input type="checkbox"/> 85° <input type="checkbox"/> 70° <input type="checkbox"/> 55° <input type="checkbox"/> NASAL		RIGHT SIDE <input type="checkbox"/> NASAL <input type="checkbox"/> 55° <input type="checkbox"/> 70° <input type="checkbox"/> 85°		
	UPPER <input type="checkbox"/> 35° <input type="checkbox"/> NASAL		LOWER <input type="checkbox"/> NASAL <input type="checkbox"/> 35°		
SIGNS/DEPTH 1. STOP <u>NEAR</u> 4. ROAD CLOSED 2. MERGE 5. HANDICAPPED <u>FAR</u> 3. NO LEFT TURN 6. SIGNAL AHEAD	No Depth Awareness	Either <input type="checkbox"/> NEAR <input checked="" type="checkbox"/> FAR	Both <input checked="" type="checkbox"/> NEAR <input checked="" type="checkbox"/> FAR		
RIGHT EYE: ACUITY A B C 1. 20 = 547638 25 = 428576 30 = 943852 2. 40 = 795823 50 = 357248 60 = 7236 3. 70 = 9574 100 = 92 200 = 5	20/70 = 9574 20/200 = 5 20/60 = 7236 20/100 = 92 20/50 = 357248	(One Miss) 20/40 = 795823	Allowed Per Line 20/30 = 943852 20/25 = 428576 20/20 = 547638	<u>20/25</u>	
LEFT EYE: ACUITY A B C 1. 20 = 745932 25 = 578236 30 = 346752 2. 40 = 534268 50 = 752386 60 = 6254 3. 70 = 8453 100 = 85 200 = 3	20/70 = 8453 20/200 = 3 20/60 = 6254 20/100 = 85 20/50 = 752386	(One Miss) 20/40 = 534268	Allowed Per Line 20/30 = 346752 20/25 = 578236 20/20 = 745932	<u>20/20</u>	
BOTH EYES ACUITY A B C 1. 20 = 857432 25 = 674235 30 = 382457 2. 40 = 563472 50 = 859423 60 = 8927 3. 70 = 2978 100 = 43 200 = 9	20/70 = 2978 20/200 = 9 20/60 = 8927 20/100 = 43 20/50 = 859423	(One Miss) 20/40 = 563472	Allowed Per Line 20/30 = 382457 20/25 = 674235 20/20 = 857432	<u>20/20</u>	
PHORIA DOT INSIDE BOX	<input checked="" type="checkbox"/> Dot Out of Box 	<input type="checkbox"/> Dot on Line 	<input checked="" type="checkbox"/> Dot in Box 		
GLARE RECOVERY ROW 1. 2 6 5 1 4 3 9 ROW 2. 8 2 9 4 6 3 5 ROW 3. 6 3 9 5 2 7 4	<input type="checkbox"/> Four or less correct	<input type="checkbox"/> Five correct	<input type="checkbox"/> Six or more correct		
	2 6 5 1 4 3 9	2 6 5 1 4 3 9	2 6 5 1 4 3 9		
	8 2 9 4 6 3 5	8 2 9 4 6 3 5	8 2 9 4 6 3 5		
	6 3 9 5 2 7 4	6 3 9 5 2 7 4	6 3 9 5 2 7 4		



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 2200 Dickerson Road - Reno, NV 89503
 TEL: 866-574-6360 - FAX: 775-324-5375
 E-mail: sales@keystoneview.com
 www.keystoneview.com

Reorder Numbers
 Cat. # 5670
 Part #821-915

Tone threshold audiometric test

2018/05/11 9:02:54 AM

Name: **JADE**
Surname: **BRUMMER**

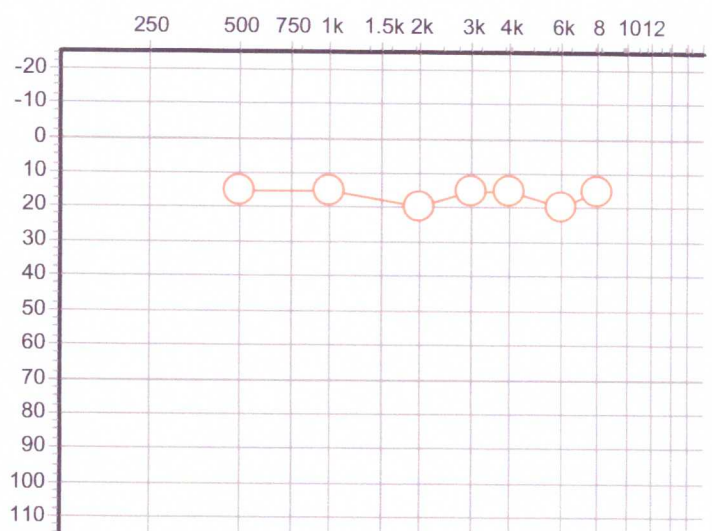
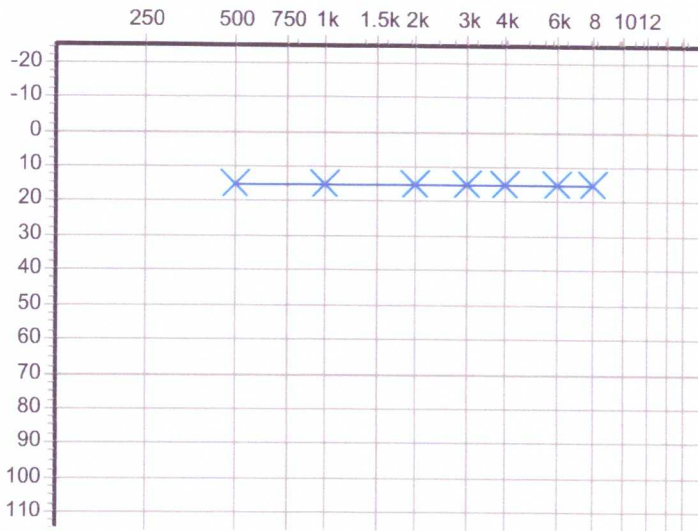
Date of birth: 1947/05/15
Age in years: /0

Company: THENJIWE SUPPLIES AND REPAIRS
Department:
Job title:
Number:

ID/SS number: 4705155151082
Passport no.:



Significance: **None**



Left **Right**

Left								Right																					
125	250	500	1k	2k	3k	4k	6k	8k	9k	10k	11.2	12.5	14k	16k	125	250	500	1k	2k	3k	4k	6k	8k	9k	10k	11.2	12.5	14k	16k
Air thresholds								Air thresholds																					
15	15	15	15	15	15	15	15	15	15	15	20	15	15	20	15	15	15	20	15	15	20	15	15	15	20	15	15	20	15
Noise in ear canal								Noise in ear canal																					
-2 -7 -16 -16 -2 8 -4								-12 -1 -10 -10 -17 -3 -2																					
Noise for threshold-5dB								Noise for threshold-5dB																					
								-15 -5																					

Bone thresholds
Noise in ear canal
Noise for threshold-5dB
Maximum masking

Bone unmasked
Noise in ear canal
Noise for threshold-5dB

ZA PLH 1,3	n 60 Mean 374 Standard deviation 133	Test re-test reliability (1st freq.) 0 False positive response % 0	Pure tone avg. (500 1k 2k)
Binaural impairment 0			Pure tone avg. (500 1k 2k) 17

Audiogram notes:

JADE BRUMMER

Carin Bredenhann South Africa Nursing Council
12908430

Pre-Bronchodilator Summary Report

CARIN BREDENHANN
JOHANNESBURG

Patient Information

Name: **BRUMMER, JADE**
ID: **9705155151082**

Operator: CARIN
Physician:

Birth date: 1997/05/15
Predicted set: ECCS 1983/93, Polgar(Peds)1971
Race Predicted Correction(%):
Race: CAUCASIAN.

Age at Test: 20
Height at Test (cm): 169.0
Weight at Test (kg): 66.0
Gender: Male

Patient History

Medical History:
Smoking history (pk-yrs): 180

Occupation:
Comments:

Group:
Position:

Interpretation: Possible EARLY OBSTRUCTIVE PULMONARY IMPAIRMENT. This is suggested by the reduced FEF 25-75 with a normal FVC and FEV1. This finding can be due to a mild degree of small airway disease and/or the earliest stages of emphysema. This may be reversible in nature; therefore, REPEAT TESTING FOLLOWING BRONCHODILATOR ADMINISTRATION IS RECOMMENDED. This interpretation is valid only upon physician review and signature.

Test date/time: 18/05/11 09:02:26 AM
Site: KoKo917261
ATS recommendations met: No
Number of efforts performed: 3
Test grade: F
Test comments:

Pneum Cal Date/Time: 2018/05/11 08:39 AM
Pneumotach calibrated by: CARIN
Effort protocol: ATS/ERS 2005
Effort summary: 3 efforts: 0 acceptable, 0 reproducible

Room Temp: 19.5
Bar Pres (mmHg): 634.0
Humidity(%): 27.0
Pneum Cal Exp (L): 3.00
Pneum Cal Meas (L)2.99

Results Pre-Bronchodilator

Result	Pred	Best	%Pred	Trial 2	Trial 3	Trial 4	Trial 5	Trial 6	Trial 7	Trial 8
FVC (L)	4.73	5.03	106%	4.77	4.74	---	---	---	---	---
FEV1 (L)	4.05	3.91	97%	3.71	3.71	---	---	---	---	---
FEV1/FVC	0.83	0.78	94%	0.78	0.78	---	---	---	---	---
PEFR (L/s)	9.47	6.82	72%	6.84	5.85	---	---	---	---	---
FEF25% (L/s)	8.03	6.68	83%	6.44	5.69	---	---	---	---	---
FEF50% (L/s)	5.28	3.73	71%	3.55	3.65	---	---	---	---	---
FEF75% (L/s)	2.42	1.76	73%	1.75	1.75	---	---	---	---	---
FEF25-75% (L/s)	4.91	3.45	70%	3.25	3.37	---	---	---	---	---
FIVC (L)	4.73	3.62	76%	4.66	4.50	---	---	---	---	---
Exp time (s)	---	3.54	---	3.56	3.41	---	---	---	---	---

Usability cautions:

Acceptability cautions:

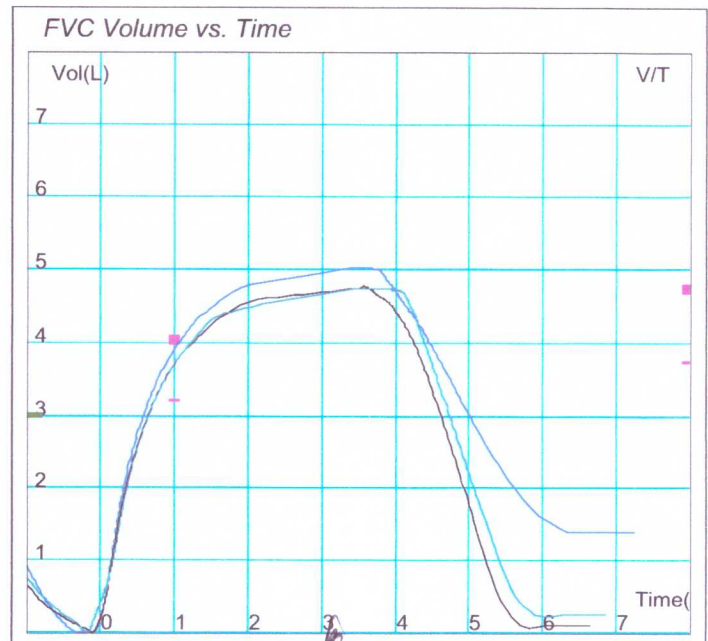
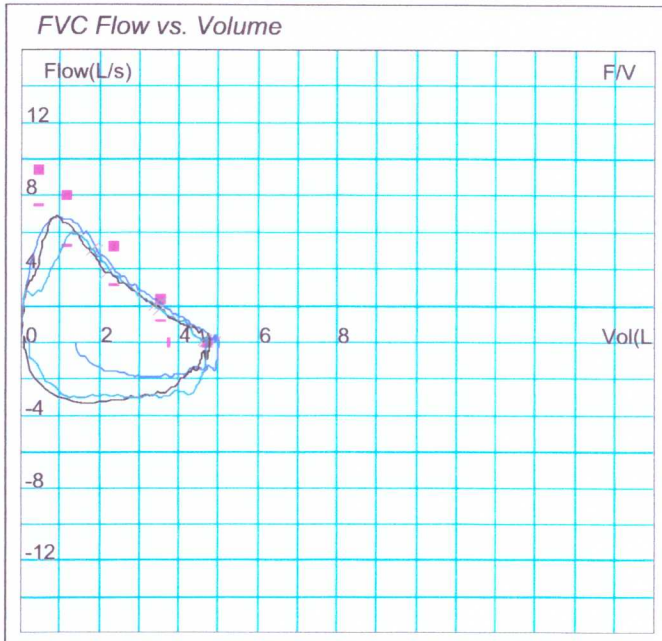
Reproducibility cautions:

End

End

F,V

Start



Patient Signature _____

Technician Signature _____

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



Certificate No: CB07016

Annexure 3

Construction Regulations, 2014

Medical Certificate of Fitness

Sr Carin Bredenhann
 Practice Number: 0880000598100
 Cell Number: 082 684 2088
 E-mail: carinbred2@gmail.com



Occupational Health Nurse Practitioner

Name of Employee: **Martin du Plessis** ID/Passport Number: **8405045359083**
 Company: **Thenjiwe Supplies and Repairs** Date of Medical done: **11 May 2018**

* Occupation	* Possible Exposures	* Job Specific Requirements	* Protective Equipment
Electrician	Dust/Noise/Heat	Working on Heights	Mask/Hearing Protection/Safety Boots/Reflective Vest

Declaration by the Medical Examiner:

I certify that by examination and testing, using the above criteria specified by the employer, satisfied myself that the abovementioned employee is **(fit)** unfit to perform the duties as prescribed by the employee in the matrix above.

Dr's Comment:

Signature Dr. R.D. McAulay Date 11/5/2018

Dr. R.D. MCAULAY
 (MBCChB DOH)
 MP 02922680
 PR 1520040
 PO BOX 22018
 HELDERKRUIJN 1733

Keystone DVS-V GT Record Form

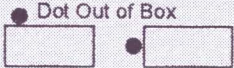

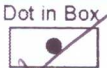
For use with Model
DVS-V GT Screeners

Name Martin du Plessis Date 11/05/18

Occupation Electrician Age 34

Does the examinee wear Glasses or Contacts (If yes, how often?) Always Sometimes

What kind of Vision Correction? Distance Only Reading Multifocals

TEST DESCRIPTION AND KEY (Corresponds to Remote Control Key)	UNACCEPTABLE	RETEST	ACCEPTABLE	NIGHT VISION	
				PASS	FAIL
QUICK ACUITY TEST BOTH RIGHT LEFT 1. 958 479 823 2. 347 563 268 3. 426 728 534	ROW ONE: <input type="checkbox"/> Six or Less Correct 1. 958 2. 479 3. 823 ROW TWO: <input type="checkbox"/> Six or Less Correct 1. 347 2. 563 3. 268 ROW THREE: <input type="checkbox"/> Six or Less Correct 1. 426 2. 728 3. 534	<input type="checkbox"/> Seven correct <input type="checkbox"/> Seven correct <input type="checkbox"/> Seven correct	<input type="checkbox"/> Eight or More correct <input type="checkbox"/> Eight or More correct <input type="checkbox"/> Eight or More correct	<input checked="" type="checkbox"/>	<input type="checkbox"/>
COLOR 4 1 6 3	Two or Less Correct 4163	Three Correct 4163	All Correct 4163 <input checked="" type="checkbox"/>		
HORIZONTAL FIELD TEST	LEFT SIDE <input type="checkbox"/> 85° <input type="checkbox"/> 70° <input type="checkbox"/> 55° <input type="checkbox"/> NASAL	RIGHT SIDE <input type="checkbox"/> NASAL <input type="checkbox"/> 55° <input type="checkbox"/> 70° <input type="checkbox"/> 85°			
VERTICAL FIELD TEST	UPPER <input type="checkbox"/> 35° <input type="checkbox"/> NASAL	LOWER <input type="checkbox"/> NASAL <input type="checkbox"/> 35°			
SIGNS/DEPTH 1. STOP <u>NEAR</u> 4. ROAD CLOSED 2. MERGE 5. HANDICAPPED <u>FAR</u> 3. NO LEFT TURN 6. SIGNAL AHEAD	No Depth Awareness	Either <input type="checkbox"/> NEAR <input checked="" type="checkbox"/> FAR	Both <input checked="" type="checkbox"/> NEAR <input checked="" type="checkbox"/> FAR		
RIGHT EYE: ACUITY A B C 1. 20 = 547638 25 = 428576 30 = 943852 2. 40 = 795823 50 = 357248 60 = 7236 3. 70 = 9574 100 = 92 200 = 5	20/70 = 9574 20/200 = 5 20/60 = 7236 20/100 = 92 20/50 = 357248	(One Miss 20/40 = 795823	Allowed Per Line 20/30 = 943852 20/25 = 428576 20/20 = 547638	20/20	
LEFT EYE: ACUITY A B C 1. 20 = 745932 25 = 578236 30 = 346752 2. 40 = 534268 50 = 752386 60 = 6254 3. 70 = 8453 100 = 85 200 = 3	20/70 = 8453 20/200 = 3 20/60 = 6254 20/100 = 85 20/50 = 752386	(One Miss 20/40 = 534268	Allowed Per Line 20/30 = 346752 20/25 = 578236 20/20 = 745932	20/20	
BOTH EYES ACUITY A B C 1. 20 = 857432 25 = 674235 30 = 382457 2. 40 = 563472 50 = 859423 60 = 8927 3. 70 = 2978 100 = 43 200 = 9	20/70 = 2978 20/200 = 9 20/60 = 8927 20/100 = 43 20/50 = 859423	(One Miss 20/40 = 563472	Allowed Per Line 20/30 = 382457 20/25 = 674235 20/20 = 857432	20/20	
PHORIA DOT INSIDE BOX	<input type="checkbox"/> Dot Out of Box 	<input type="checkbox"/> Dot on Line 	<input checked="" type="checkbox"/> Dot in Box 		
GLARE RECOVERY ROW 1. 2 6 5 1 4 3 9 ROW 2. 8 2 9 4 6 3 5 ROW 3. 6 3 9 5 2 7 4	<input type="checkbox"/> Four or less correct 2 6 5 1 4 3 9 8 2 9 4 6 3 5 6 3 9 5 2 7 4	<input type="checkbox"/> Five correct 2 6 5 1 4 3 9 8 2 9 4 6 3 5 6 3 9 5 2 7 4	<input type="checkbox"/> Six or more correct 2 6 5 1 4 3 9 8 2 9 4 6 3 5 6 3 9 5 2 7 4		



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 www.keystoneview.com

Reorder Numbers
 Cat. # 5670
 Part #821-915

Handwritten signature

Pre-Bronchodilator Summary Report

CARIN BREDEHANN
JOHANNESBURG

Patient Information

Name: DU PLESSIS, MARTIN
ID: 8405045359083

Operator: CARIN
Physician:

Birth date: 1984/05/04
Predicted set: ECCS 1983/93, Polgar(Peds)1971
Race Predicted Correction(%):
Race: CAUCASIAN.

Age at Test: 34
Height at Test (cm): 178.0
Weight at Test (kg): 92.0
Gender: Male

Patient History

Medical History:
Smoking history (pk-yrs): 180

Occupation:
Comments:

Group:
Position:

Interpretation: NORMAL SPIROMETRIC VALUES indicate the absence of any significant degree of obstructive pulmonary impairment and/or restrictive ventilatory defect. This interpretation is valid only upon physician review and signature.

Test date/time: 18/05/11 08:56:17 AM
Site: KoKo917261
ATS recommendations met: No
Number of efforts performed: 3
Test grade: F
Test comments:

Pneum Cal Date/Time: 2018/05/11 08:39 AM
Pneumotach calibrated by: CARIN
Effort protocol: ATS/ERS 2005
Effort summary: 3 efforts: 0 acceptable, 2 reproducible

Room Temp: 19.5
Bar Pres (mmHg): 634.0
Humidity(%): 27.0
Pneum Cal Exp (L): 3.00
Pneum Cal Meas (L)2.99

Results Pre-Bronchodilator

Result	Pred	Best	%Pred	Trial 2	Trial 3	Trial 4	Trial 5	Trial 6	Trial 7	Trial 8
FVC (L)	5.02	5.55	111%	5.46	5.31	---	---	---	---	---
FEV1 (L)	4.18	4.42	106%	4.35	4.25	---	---	---	---	---
FEV1/FVC	0.81	0.80	98%	0.80	0.80	---	---	---	---	---
PEFR (L/s)	9.63	12.38	129%	12.85	12.07	---	---	---	---	---
FEF25% (L/s)	8.26	9.85	119%	9.23	9.61	---	---	---	---	---
FEF50% (L/s)	5.35	4.93	92%	4.63	4.56	---	---	---	---	---
FEF75% (L/s)	2.42	1.67	69%	1.79	1.66	---	---	---	---	---
FEF25-75% (L/s)	4.70	3.97	85%	3.79	3.84	---	---	---	---	---
FIVC (L)	5.02	5.56	111%	5.49	5.35	---	---	---	---	---
Exp time (s)	---	3.78	---	3.47	3.80	---	---	---	---	---

Usability cautions:

Acceptability cautions:

Reproducibility cautions:

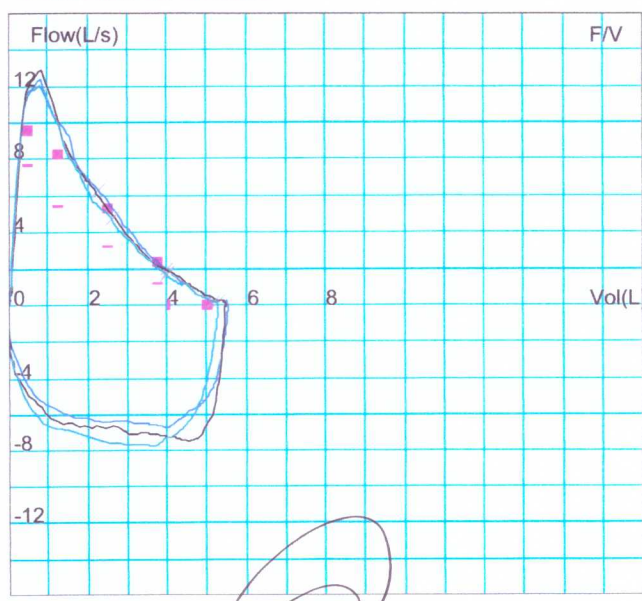
End

End

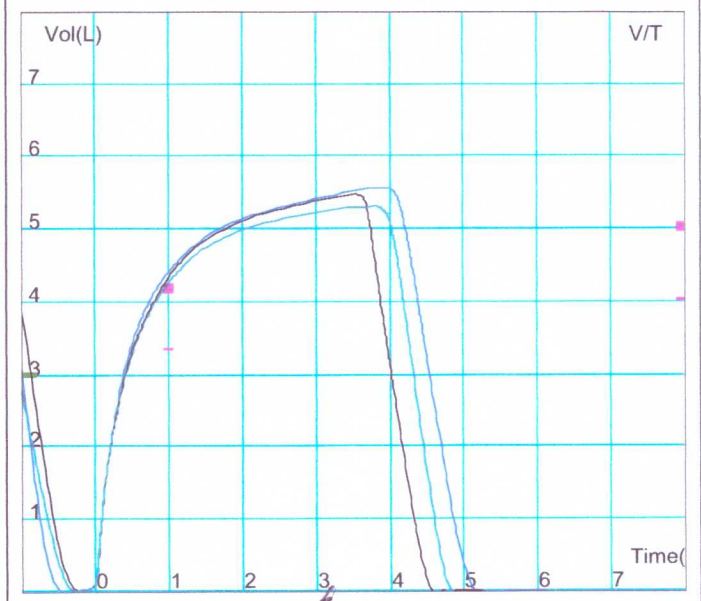
End

F,V

FVC Flow vs. Volume



FVC Volume vs. Time



Patient Signature

Technician Signature

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

[Handwritten signature]

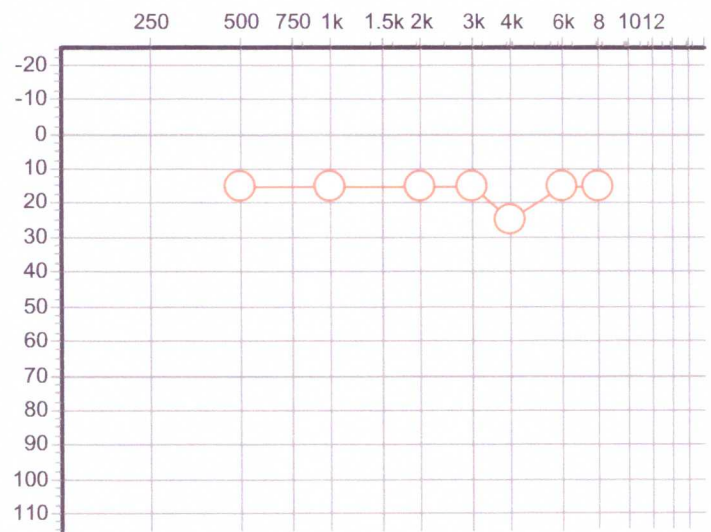
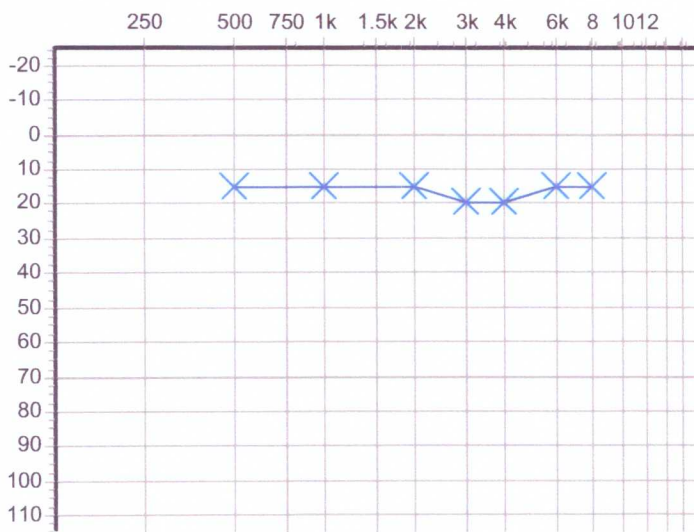
Tone threshold audiometric test

2018/05/11 8:57:19 AM

Name: **MARTIN**
 Surname: **DU PLESSIS**
 Date of birth: 1984/05/04
 Age in years: 34
 Company: THENJIWE SUPPLIES AND REPAIRS
 Department:
 Job title:
 Number:
 ID/SS number: 8405045359083
 Passport no.:



Significance: **None**



Left **Right**

Left		Frequencies		Right															
125	250	500	1k	2k	3k	4k	6k	8k	9k	10k	11.2	12.5	14k	16k					
15	15	15	20	20	15	15			15	15	15	25	15	15					
-6	-1	-7	-14	-13	-14	-18			2	7	-1	-21	-1	-10	-10				
			-15	-17									-14						
Air thresholds		Noise in ear canal		Noise for threshold-5dB		Bone thresholds		Noise in ear canal		Noise for threshold-5dB		Maximum masking		Bone unmasked		Noise in ear canal		Noise for threshold-5dB	
ZA PLH 1,4		Binaural impairment 0		Pure tone avg. (500 1k 2k) 15		n 59 Mean 528 Standard deviation 179		Test re-test reliability (1st freq.) 0 False positive response % 2		Pure tone avg. (500 1k 2k) 15									

Audiogram notes:

MARTIN DU PLESSIS
KUDUwave

Carin Bredenhann South Africa Nursing Council
 12908430

Capturer of data version number: 2.12.3.13
 Report software version: 2.4.1.0
 Report generated on: 2018/05/11 9:02:06 AM
 Unique Global Patient Number: E87557295CA74FE965888R3FA1043DA

Last calibration date: 2017/11/20
 KUDUwave serial number: 0901-00631
 Bone vibrator serial number: N/A
 Sound booth: SANS 10182 Screening
 Type of audiometer: Type 3

Certificate No: CB07015



Annexure 3

Construction Regulations, 2014

Medical Certificate of Fitness

Sr Carin Bredenhann
Practice Number: 0880000598100
Cell Number: 082 684 2088
E-mail: carinbred2@gmail.com

Occupational Health Nurse Practitioner

Name of Employee: **Victor Tiedt** ID/Passport Number: **9009285094084**
Company: **Thenjiwe Supplies and Repairs** Date of Medical done: **11 May 2018**

* Occupation	* Possible Exposures	* Job Specific Requirements	* Protective Equipment
Plumber/Electrician Assistant	Dust/Noise/Heat	Working on Heights	Mask/Hearing Protection/Safety Boots/Reflective Vest

Declaration by the Medical Examiner:

I certify that by examination and testing, using the above criteria specified by the employer, satisfied myself that the abovementioned employee is fit ~~unfit~~ to perform the duties as prescribed by the employee in the matrix above.

Dr's Comment:

Dr. R.D. McAULAY
(MBCMB DOH)
MP 0292680
PR 1520040
PO BOX 22018
HELDERKRUIJN 1733

Signature Dr. R.D. McAulay Date 11/5/2018

Pre-Bronchodilator Summary Report

CARIN BREDEHANN
JOHANNESBURG

Patient Information

Name: TIEDT, VICTOR
ID: 9009285094084

Operator: CARIN
Physician:

Birth date: 1990/09/28

Predicted set: ECCS 1983/93, Polgar(Peds)1971

Race Predicted Correction(%):

Race: CAUCASIAN.

Age at Test: 27

Height at Test (cm): 169.0

Weight at Test (kg): 60.0

Gender: Male

Patient History

Medical History:

Smoking history (pk-yrs): 180

Occupation:

Comments:

Group:

Position:

Interpretation: Possible EARLY OBSTRUCTIVE PULMONARY IMPAIRMENT. This is suggested by the reduced FEF 25-75 with a normal FVC and FEV1. This finding can be due to a mild degree of small airway disease and/or the earliest stages of emphysema. This may be reversible in nature; therefore, REPEAT TESTING FOLLOWING BRONCHODILATOR ADMINISTRATION IS RECOMMENDED. This interpretation is valid only upon physician review and signature.

Test date/time: 18/05/11 08:49:21 AM

Site: KoKo917261

ATS recommendations met: No

Number of efforts performed: 3

Test grade: F

Test comments:

Pneum Cal Date/Time: 2018/05/11 08:39 AM

Pneumotach calibrated by: CARIN

Effort protocol: ATS/ERS 2005

Effort summary: 3 efforts: 0 acceptable, 3 reproducible

Room Temp: 19.5

Bar Pres (mmHg): 634.0

Humidity(%): 27.0

Pneum Cal Exp (L): 3.00

Pneum Cal Meas (L)2.99

Results Pre-Bronchodilator

Result	Pred	Best	%Pred	Trial 2	Trial 3	Trial 4	Trial 5	Trial 6	Trial 7	Trial 8
FVC (L)	4.68	4.99	107%	4.96	4.95	---	---	---	---	---
FEV1 (L)	3.99	3.59	90%	3.62	3.53	---	---	---	---	---
FEV1/FVC	0.82	0.72	87%	0.73	0.71	---	---	---	---	---
PEFR (L/s)	9.38	7.43	79%	7.33	7.23	---	---	---	---	---
FEF25% (L/s)	7.97	5.55	70%	5.91	5.48	---	---	---	---	---
FEF50% (L/s)	5.22	2.91	56%	2.95	2.84	---	---	---	---	---
FEF75% (L/s)	2.36	1.46	62%	1.50	1.38	---	---	---	---	---
FEF25-75% (L/s)	4.82	2.72	56%	2.79	2.63	---	---	---	---	---
FIVC (L)	4.68	4.15	89%	4.24	4.71	---	---	---	---	---
Exp time (s)	---	3.56	---	3.47	3.70	---	---	---	---	---

Usability cautions:

Acceptability cautions:

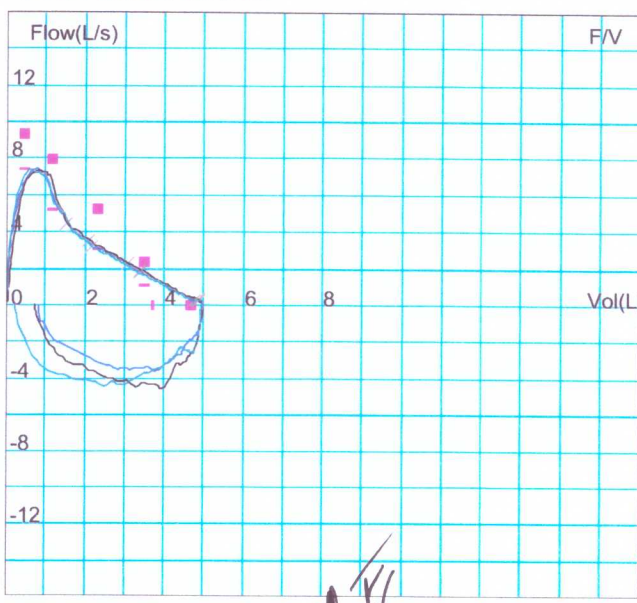
Reproducibility cautions:

End

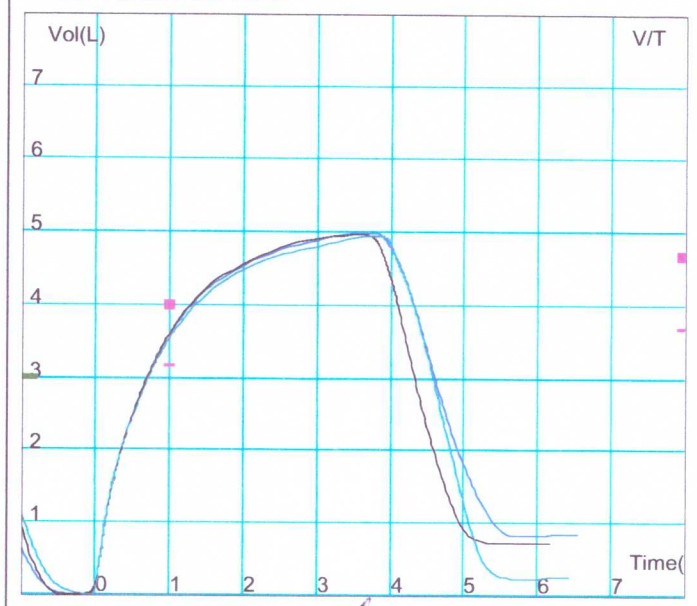
End

End

FVC Flow vs. Volume



FVC Volume vs. Time



Patient Signature _____

Technician Signature _____

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

Tone threshold audiometric test

2018/05/11 8:50:34 AM

Name: **VICTOR**
Surname: **TIEDT**

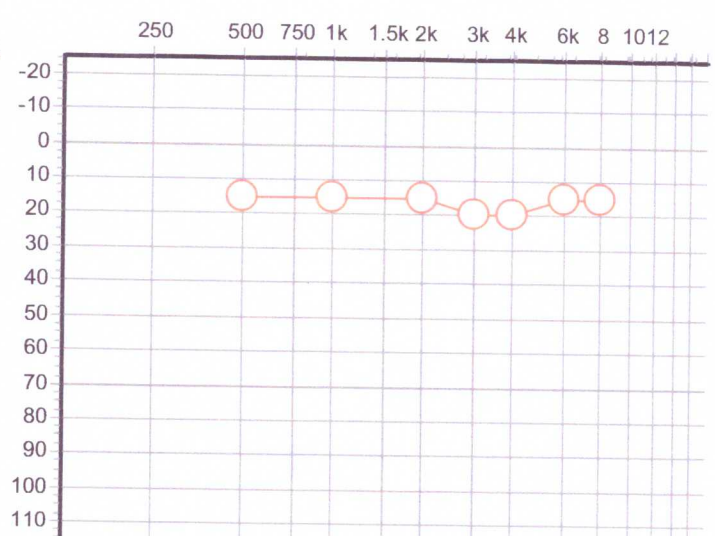
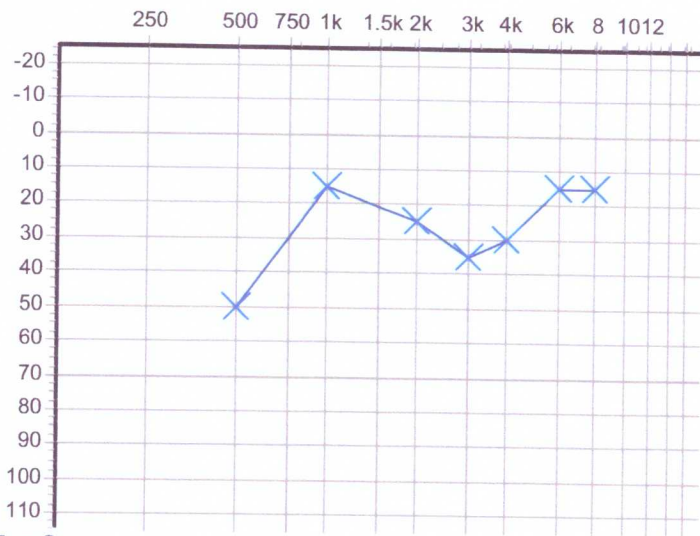
Date of birth: 1990/09/28
Age in years: 27

Company: THENJIWE SUPPLIES AND REPAIRS
Department:
Job title:
Number:

ID/SS number: 9009285094084
Passport no.:



Significance: **None**



Left

Right

Left														Right															
125	250	500	1k	2k	3k	4k	6k	8k	9k	10k	11.2k	12.5k	14k	16k	125	250	500	1k	2k	3k	4k	6k	8k	9k	10k	11.2k	12.5k	14k	16k
Air thresholds														Air thresholds															
Noise in ear canal														Noise in ear canal															
Noise for threshold-5dB														Noise for threshold-5dB															

Left														Right															
125	250	500	1k	2k	3k	4k	6k	8k	9k	10k	11.2k	12.5k	14k	16k	125	250	500	1k	2k	3k	4k	6k	8k	9k	10k	11.2k	12.5k	14k	16k
Bone thresholds														Bone thresholds															
Noise in ear canal														Noise in ear canal															
Noise for threshold-5dB														Noise for threshold-5dB															
Maximum masking														Maximum masking															

ZA PLH 4,8	Bone unmasked Noise in ear canal Noise for threshold-5dB	n 56 Mean 670 Standard deviation 349	Test re-test reliability (1st freq.) 35 False positive response % 0	Pure tone avg. (500 1k 2k)
Binaural impairment 6				Pure tone avg. (500 1k 2k)
Pure tone avg. (500 1k 2k)				15

Audiogram notes:

[Signature]
VICTOR TIEDT

[Signature]
Carin Bredenhann South Africa Nursing Council
12908430

[Signature]

Certificate No: CB07017



Annexure 3

Construction Regulations, 2014

Medical Certificate of Fitness

Sr Carin Bredenhann
Practice Number: 0880000598100
Cell Number: 082 684 2088
E-mail: carinbred2@gmail.com

Name of Employee: **Andre-Charl du Plessis** ID/Passport Number: **8802115215080**
Company: **Thenjiwe Supplies and Repairs** Date of Medical done: **11 May 2018**

Occupational Health Nurse Practitioner

* Occupation	* Possible Exposures	* Job Specific Requirements	* Protective Equipment
Electrician Assistant	Dust/Noise/Heat	Working on Heights	Mask/Hearing Protection/Safety Boots/Reflective Vest

Declaration by the Medical Examiner:

I certify that by examination and testing, using the above criteria specified by the employer, satisfied myself that the abovementioned employee is **fit** unfit to perform the duties as prescribed by the employee in the matrix above.

Dr's Comment:

Signature: Dr. McAulay Date: 11/5/2018

Dr. R.D. McAULAY
(MBCChB DOH)
MP 0292680
PR 1520040
PO BOX 22018
HELDERKRUIJN 1733

Keystone DVS-V GT Record Form

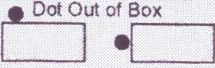


For use with Model
DVS-V GT Screeners

Name ANDRE CHAEL Du PLESSIS Date 11/05/2018

Occupation APPRENTICE ELECTRICIAN Age 30

Does the examinee wear Glasses or Contacts (If yes, how often?) Always Sometimes

What kind of Vision Correction? Distance Only Reading Multifocals

TEST DESCRIPTION AND KEY (Corresponds to Remote Control Key)	UNACCEPTABLE	RETEST	ACCEPTABLE	NIGHT VISION	
				PASS	FAIL
QUICK ACUITY TEST BOTH RIGHT LEFT 1. 958 479 823 2. 347 563 268 3. 426 728 534	ROW ONE: <input type="checkbox"/> Six or Less Correct 1. 958 2. 479 3. 823	<input type="checkbox"/> Seven correct	<input type="checkbox"/> Eight or More correct	<input checked="" type="checkbox"/>	
	ROW TWO: <input type="checkbox"/> Six or Less Correct 1. 347 2. 563 3. 268	<input type="checkbox"/> Seven correct	<input type="checkbox"/> Eight or More correct	<input checked="" type="checkbox"/>	
	ROW THREE: <input type="checkbox"/> Six or Less Correct 1. 426 2. 728 3. 534	<input type="checkbox"/> Seven correct	<input type="checkbox"/> Eight or More correct	<input checked="" type="checkbox"/>	
COLOR 4 1 6 3	Two or Less Correct 4163	Three Correct 4163	All Correct 4163 <input checked="" type="checkbox"/>		
HORIZONTAL FIELD TEST	LEFT SIDE <input type="checkbox"/> 85° <input type="checkbox"/> 70° <input type="checkbox"/> 55° <input type="checkbox"/> NASAL		RIGHT SIDE <input type="checkbox"/> NASAL <input type="checkbox"/> 55° <input type="checkbox"/> 70° <input type="checkbox"/> 85°		
	VERTICAL FIELD TEST		UPPER <input type="checkbox"/> 35° <input type="checkbox"/> NASAL		LOWER <input type="checkbox"/> NASAL <input type="checkbox"/> 35°
SIGNS/DEPTH 1. STOP <u>NEAR</u> 4. ROAD CLOSED 2. MERGE 5. HANDICAPPED <u>FAR</u> 3. NO LEFT TURN 6. SIGNAL AHEAD	No Depth Awareness	Either <input type="checkbox"/> NEAR <input checked="" type="checkbox"/> FAR	Both <input checked="" type="checkbox"/> NEAR <input checked="" type="checkbox"/> FAR		
RIGHT EYE: ACUITY A B C 1. 20 = 547638 25 = 428576 30 = 943852 2. 40 = 795823 50 = 357248 60 = 7236 3. 70 = 9574 100 = 92 200 = 5	20/70 = 9574 20/200 = 5 20/60 = 7236 20/100 = 92 20/50 = 357248	(One Miss) 20/40 = 795823	Allowed Per Line 20/30 = 943852 20/25 = 428576 20/20 = 547638	<u>20/25</u>	
LEFT EYE: ACUITY A B C 1. 20 = 745932 25 = 578236 30 = 346752 2. 40 = 534268 50 = 752386 60 = 6254 3. 70 = 8453 100 = 85 200 = 3	20/70 = 8453 20/200 = 3 20/60 = 6254 20/100 = 85 20/50 = 752386	(One Miss) 20/40 = 534268	Allowed Per Line 20/30 = 346752 20/25 = 578236 20/20 = 745932	<u>20/25</u>	
BOTH EYES ACUITY A B C 1. 20 = 857432 25 = 674235 30 = 382457 2. 40 = 563472 50 = 859423 60 = 8927 3. 70 = 2978 100 = 43 200 = 9	20/70 = 2978 20/200 = 9 20/60 = 8927 20/100 = 43 20/50 = 859423	(One Miss) 20/40 = 563472	Allowed Per Line 20/30 = 382457 20/25 = 674235 20/20 = 857432	<u>20/25</u>	
PHORIA DOT INSIDE BOX	<input checked="" type="checkbox"/> Dot Out of Box 	<input type="checkbox"/> Dot on Line 	<input checked="" type="checkbox"/> Dot in Box 		
GLARE RECOVERY ROW 1. 2 6 5 1 4 3 9 ROW 2. 8 2 9 4 6 3 5 ROW 3. 6 3 9 5 2 7 4	<input type="checkbox"/> Four or less correct	<input type="checkbox"/> Five correct	<input type="checkbox"/> Six or more correct		
	2 6 5 1 4 3 9	2 6 5 1 4 3 9	2 6 5 1 4 3 9		
	8 2 9 4 6 3 5	8 2 9 4 6 3 5	8 2 9 4 6 3 5		
	6 3 9 5 2 7 4	6 3 9 5 2 7 4	6 3 9 5 2 7 4		



Nevada Capital Group, Inc.
 2200 Dickerson Road - Reno, NV 89503
 TEL: 866-574-6360 - FAX: 775-324-5375
 E-mail: sales@keystoneview.com
 www.keystoneview.com

Reorder Numbers
 Cat. # 5670
 Part #821-915

Signature

Signature

Pre-Bronchodilator Summary Report

CARIN BREDENHANN
JOHANNESBURG

Patient Information

Name: DU PLESSIS, ANDRE
ID: 8802115215080

Operator: CARIN
Physician:

Birth date: 1988/02/11
Predicted set: ECCS 1983/93, Polgar(Peds)1971
Race Predicted Correction(%):
Race: CAUCASIAN.

Age at Test: 30
Height at Test (cm): 170.0
Weight at Test (kg): 92.0
Gender: Male

Patient History

Medical History:
Smoking history (pk-yrs):

Occupation:
Comments:

Group:
Position:

Interpretation: Possible EARLY OBSTRUCTIVE PULMONARY IMPAIRMENT. This is suggested by the reduced FEF 25-75 with a normal FVC and FEV1. This finding can be due to a mild degree of small airway disease and/or the earliest stages of emphysema. This may be reversible in nature; therefore, REPEAT TESTING FOLLOWING BRONCHODILATOR ADMINISTRATION IS RECOMMENDED. This interpretation is valid only upon physician review and signature.

Test date/time: 18/05/11 09:08:56 AM
Site: KoKo917261
ATS recommendations met: No
Number of efforts performed: 3
Test grade: F
Test comments:

Pneum Cal Date/Time: 2018/05/11 08:39 AM
Pneumotach calibrated by: CARIN
Effort protocol: ATS/ERS 2005
Effort summary: 3 efforts: 1 acceptable, 3 reproducible

Room Temp: 19.5
Bar Pres (mmHg): 634.0
Humidity(%): 27.0
Pneum Cal Exp (L): 3.00
Pneum Cal Meas (L)2.99

Results Pre-Bronchodilator

Result	Pred	Best	%Pred	Trial 2	Trial 3	Trial 4	Trial 5	Trial 6	Trial 7	Trial 8
FVC (L)	4.66	4.43	95%	4.38	4.35	---	---	---	---	---
FEV1 (L)	3.95	3.65	92%	3.65	3.58	---	---	---	---	---
FEV1/FVC	0.82	0.82	101%	0.83	0.82	---	---	---	---	---
PEFR (L/s)	9.31	8.61	92%	8.49	8.68	---	---	---	---	---
FEF25% (L/s)	7.94	6.18	78%	6.65	6.03	---	---	---	---	---
FEF50% (L/s)	5.17	4.25	82%	4.25	4.12	---	---	---	---	---
FEF75% (L/s)	2.31	1.73	75%	1.80	1.75	---	---	---	---	---
FEF25-75% (L/s)	4.71	3.56	76%	3.66	3.49	---	---	---	---	---
FIVC (L)	4.66	4.45	95%	4.05	3.90	---	---	---	---	---
Exp time (s)	---	3.97	---	3.79	3.70	---	---	---	---	---

Usability cautions:

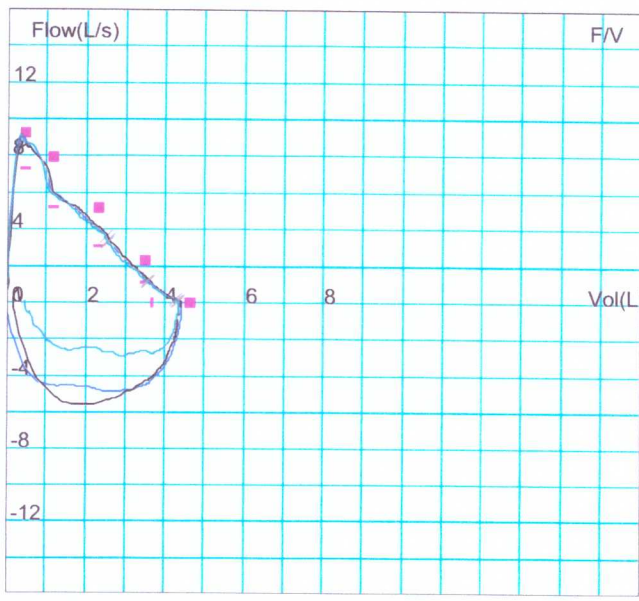
Acceptability cautions:

Reproducibility cautions:

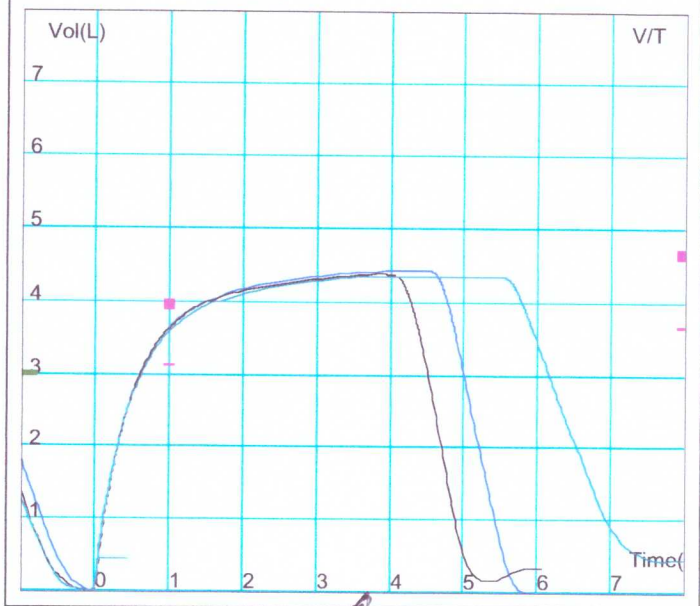
End

End

FVC Flow vs. Volume



FVC Volume vs. Time



Patient Signature _____

Technician Signature _____

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

[Handwritten signature]

Tone threshold audiometric test

2018/05/11 9:08:16 AM

Name: **ANDRE**
Surname: **DU PLESSIS**

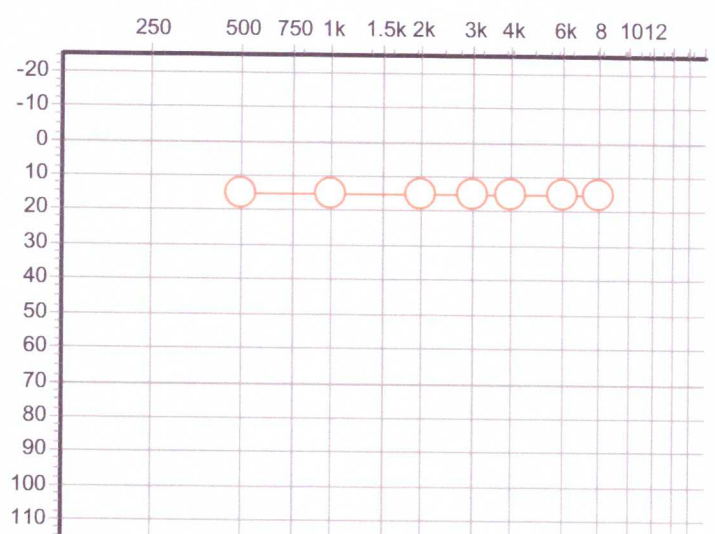
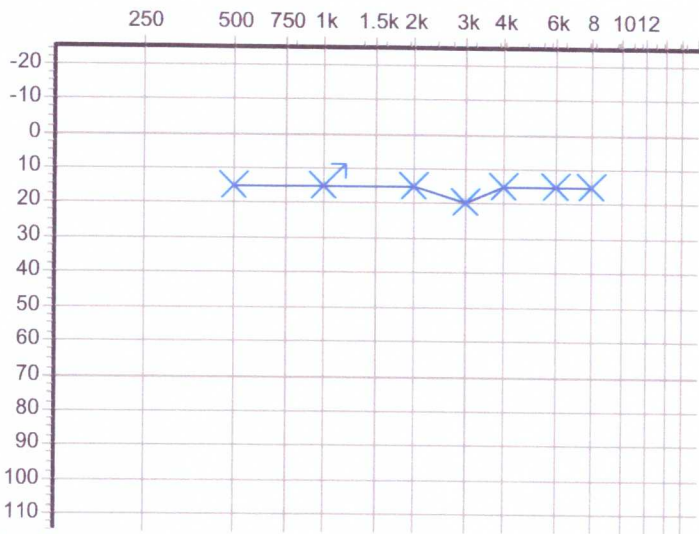
Date of birth: 1988/02/11
Age in years: 30

Company: THENJIWE SUPPLIES AND REPAIRS
Department:
Job title:
Number:

ID/SS number: 8802115215080
Passport no.:



Significance: **None**



Left **Right**

Left										Right									
15	15	15	20	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15
-15	17	-4	-14	-12	-2	1				6	4	-6	-11	-13	-12	13			

Air thresholds		Bone thresholds		Bone unmasked	
15	15	15	15	15	15
6	4	-6	-11	-13	-12
Noise in ear canal		Noise in ear canal		Noise in ear canal	
Noise for threshold-5dB		Noise for threshold-5dB		Noise for threshold-5dB	
Maximum masking		Maximum masking		Maximum masking	
Pure tone avg. (500 1k 2k)		Pure tone avg. (500 1k 2k)		Pure tone avg. (500 1k 2k)	
15		15		15	
Standard deviation		Standard deviation		Standard deviation	
186		186		186	
Test re-test reliability (1st freq.)		Test re-test reliability (1st freq.)		Test re-test reliability (1st freq.)	
0		0		0	
False positive response %		False positive response %		False positive response %	
0		0		0	

Audiogram notes:

Andre Du Plessis
ANDRE DU PLESSIS

Carin Bredenhann
Carin Bredenhann South Africa Nursing Council
12908430

Handwritten signature