DRS WEST &
VAN TONDER
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CERTIFICATE OF FITNESS
(COF)

PERSONAL INFORMATION

Name:	Suresh	Surname:	Mothi
Age: 45	Gender: male	I.D.:	700507 5169 088
Occupation:	Technician	Company Name:	Seavest

WORK TO PERFORM

Mark the reason for the medical examination: (use X)

☐ Furnace	☐ Confined Space	☑ Heights	☐ Foundry	☑ Driven Machinery
☑ Driver	☐ Asbestos	☐ Lead	☐ Silica	☐ *Other

* Specify other: code 8 Power tools.

MEDICAL EXAMINATION

This employee has had the following medical evaluation today: (use X)

☐ AUDIOMETRY	☑ VISION	☐ BLOOD**
☑ BLOOD PRESSURE	☑ PSYCHOLOGICAL	☑ DRUGS (urine)
☑ PHYSICAL	☐ CHEST X-RAY	
☑ COLOUR BLIND	☐ LUNG FUNCTION	** Specify what type _____

Mark your findings: (use X)

MEDICALLY FIT	☑
**Medically fit BUT with restrictions	
**UNFIT	

EXPIRY DATE
Month Year
01 2017

** Restrictions or comments regarding the medical evaluation

VALIDITY OF CERTIFICATE

This certificate demonstrates the findings of the medical evaluation as on this day. The certificate is valid for the period indicated, unless the health of the person changes in which case a new evaluation is required. It is undersigned by a registered occupational medical practitioner as defined in the Occupational Health and Safety Act. Audiometric testing and optometrist certification is done separately.

I hereby certify that I personally examined the applicant and this certificate embodies my findings completely and correctly.

DR. M.J. WEST
MBChB, DOH
5 MURRAY STR, VASCO 7460
TEL: 021 591 6129 FAX: 021 591 6166
PRACTICE NO: 1575902
HPCSA REG NO: 4360111217

19/1/2016

Drs M.J. West & N. Van Tonder
MB. ChB; Dip. Occupational Health
Practice no.: 1575902

Date