

CERTIFICATE OF FITNESS: Special Instructions and Example

This document must be read in conjunction with the **SAPIA South African Refineries Certificate of Fitness Procedure** and the **SAPIA South African Refineries Procedure for External Occupational Health (OH) Clinics**

1. Special Instructions:

The format of the Certificate of Fitness maybe amended for printing purposes, provided that all the required fields are included and each certificate has a unique number. An example of a Certificate of Fitness is included in page 2.

SECTION A

- Occupational Health Service that will be performing the Medical to complete.

SECTION B

- To be completed by the Supervisor of the Contractor employee that requires a medical.
- Enter the details of the employee on whom the medical will be performed on.

SECTION C

- To be completed by the Company Supervisor: to circle or tick the position & risk
- To be completed by the Occupational Health Service: to circle or tick on completion of the medical.

SECTION D

- This is the certification section completed by the Occupational Health Service that will be performing the medical who will complete sign and date this section of the Medical Certificate.
- Please note this form can only be approved by a registered Occupational Health Practitioner or Occupational Health Medical Doctor.**
- The Person who was examined will also be required to sign & date this section of the form.

2. Positions for medical fitness to work

Operations	General Worker, Cleaner, Process Technician, Fitters, Scaffolders and Rope Access, Rigger and Rotating Equipment, Safety Watchers
Roving	Storeman, Engineer
Administrative	All Office based
Admin Operations	Office with very limited low risk operational area entry
Boilermaker	Boilermaker, Welder and Assistants
Electrical & Instruments	Electrician; Analysers etc.
Drivers etc.	Drivers, Crane and Hoist
Hydro blasters	Includes Hydro-jetting / Water-jetting, Grit blasters
Inert and Confined Space Entry	Divers in Inert atmosphere, confined space work, excavation
Persons >60 years old	Compulsory for >60years
Rope access	Work performed at height where workers are fully suspended from ropes / abseiling

3. Certificate of Fitness Example:

(OH Clinic Name & logo)

Certificate Number :XXXX

Certificate of Fitness

Section A *(To be completed by OH clinic)*

Occupational Health Clinic Details

Company Name _____
 Address _____
 Email / Phone _____
 Number _____

Section B *(To be completed by Supervisor)*

I, (Name) _____ From _____
 (Company) _____

Contact No _____ Email _____

hereby request the following assessment to be performed on Name _____

Position _____ ID No _____ Age _____

Section C

SUPERVISOR to circle or tick position		OH CLINIC to circle or tick on completion							
Medical for Position	Risk	Frequency of Medical	Audiometry	Spirometry	Vision	Subs Abuse (urine)	Subs Abuse (blood)	CVR	MHQ
Admin	Low	2 Yearly	Nil	Nil	Snellen & Near	MDT	No	No	Epworth
Admin Ops	Medium	1 Yearly	Annual	Annual	DVS & Near	MDT	No	No	Epworth
Roving	Medium	1 Yearly	Annual	Annual	DVS & Near	MDT	No	No	Epworth
Operations (Production)	High	1 Yearly	Annual	Annual	DVS & Near	MDT	No	No	Epworth
Boilermaker	High	1 Yearly	Annual	Annual	DVS & Near	MDT	No	No	Epworth
Electrical & Instruments	High	1 Yearly	Annual	Annual	DVS & Near	MDT	No	No	Epworth
Drivers etc.	Very High	1 Yearly	Annual	Annual	DVS & Near	MDT	Yes	Yes	MHQ
Hydro blasters	Very High	1 Yearly	Annual	Annual	DVS & Near	MDT	Yes	Yes	MHQ
Confined Space Entry	Very High	1 Yearly	Annual	Annual	DVS & Near	MDT	Yes	Yes	MHQ
>60	Very High	1 Yearly	Annual	Annual	DVS & Near	MDT	Yes	Yes	MHQ
Rope access	Very High	1 Yearly	Annual	Annual	DVS & Near	MDT	Yes	Yes	WAH Q

Also consider where applicable:
Possible Exposure e.g. Chemicals, Heat, Fall risk; **Job specific requirements** e.g. digging, scaffolding; **PPE** e.g. respirator:

Signed (Company) _____

Date / / 20

Section D (To be completed by OH Clinic)

Certificate of Fitness

Refer to Company Occupational Health Service for assessment

Fully Fit to work

Temporary Unfit

Permanently Unfit

Conditionally Fit

Fit for Restricted work

Expiry Date / / 20

Must be re assessed prior to next contract

YES	NO
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Must be monitored by healthcare provider

YES	NO
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Name of employee Healthcare provider (if yes)

Signed _____

Name _____

Designation _____

Date / / 20

Signed Employee _____

Date / / 20

Signature above includes consent for release of medical information

SA Refinery OH Acceptance / Validated

YES	NO
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Date / / 20

Refinery Name

Refinery OHMP/OHNP

Contact details

OH Clinic Stamp and Practice number must be included

4. Acronyms

MHQ	Mental Health Questionnaire
CVS	Cardio Vascular Risk Profile (use Framingham)
MDT	Multi Drug Test
DVS	Driver Vision Screener
Ops	Operations
OH	Occupational health
WAH Q	Working at Heights Questionnaire
PPE	Personal Protective Equipment

SAPIA will not be directly involved in the process. Do not contact SAPIA regarding fitness to work queries or assessments. Please contact the applicable refinery.