

OccSurv

User Manual

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<http://www.occsurv.co.za>

1. How To Start

Go to <http://www.occsurv.co.za>

The logon screen will appear. Log in with the username and password as supplied by the site administrator.

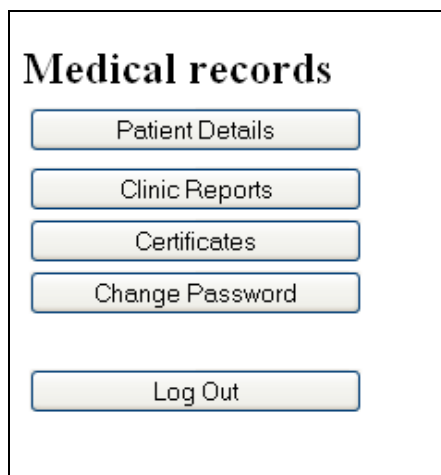
Figure 1



The screenshot shows a web page titled "Occupational Medical Surveillance". In the center, there is a "Log In" form with a dark green header. The form contains two input fields: "User Name:" and "Password:". Below the password field is a "Log In" button. At the bottom of the form area, there is a red text prompt: "Please log in to continue."

Depending on your user rights, the following buttons will be displayed:

Figure 2



The screenshot shows a web page titled "Medical records". Below the title, there is a vertical list of five buttons: "Patient Details", "Clinic Reports", "Certificates", "Change Password", and "Log Out".

2. Patient Details

This will take you to Patient forms. From this page you are able to work with patient occupational history, their examination History and also perform the patient exams (**new or edit previous**)

On the first screen you need to search for a patient. Depending on the user level, you can search for a part of an ID number or the full ID number or part of patient surname or full surname. After you click on the search button, a list of patients will be displayed that matches the search criteria. Select a patient to continue to see the exams that are available

Figure 3

Patients

ID NR (Or part of ID)

No Record Found

Select for South Africa ID: ☒

ID Nr:

Surname:

Name:

Gender:

Date of Birth: Year:
Month:
Day:
Age:

If a patient is not in the list, the patient can be added to the system by using the New Patient button.

When adding a patient, first enter the ID number and click on the check button to validate the ID number with basic validation. After checking the gender and birth dates fields, fill in the surname and name and click on the Save button. This patient will now be available on the search criteria.

Note that the gender and birth details are obtained from the ID number and you only have to check this. In the case of non RSA ID numbers, you need to uncheck the "Select for South Africa ID and complete the section manually taking into consideration **that the priority in order of preference** is as follows:

1. Standard (**13 digits**) SA ID Number must be used.
Example: **8204236016085** – use this format
2. If Non-SA Citizen then Foreign ID Number must be used.
Example: **27-168958A-27** – use this format
3. If there is no Foreign ID Number then Passport Number must be used.
Example: **BN094506** – use this format

There may NEVER be spaces between any of the digits as the ID number is the one and only link that are used between the system data and employer employee registers. If the ID number is entered incorrectly, it will never match our electronic links to employer master files.

3. Choose An Examination

From the exam dates drop down list, select an exam date that you want to view or edit. If the exam date in the drop down box is greyed out, you are not allowed to see or change that exam. This will be as a result of your user rights.

If you want to start a new exam select the “Start new Exam” button.

Note:

The system shares all worker information between all users but you can only edit or change the detail where you have user rights. You can see detail of your own clinic but that of others, but you can see details of shared workers.

Figure 4

Patients

ID NR (Or part of ID)

	Id Number	Surname	Name	Gender	Date of Birth	Age
Select	5601015133082	POMPIES TEST	PIET TEST	M	1956-01-01	59

Click on a Date to Edit or View.
 Click on "Start New Exam" at the bottom to start a new Examination

2015/04/09	BEL0030482	2015/04/09	BELL OCCUPATIONAL HEALTH CLINIC	EXIT
------------	------------	------------	---------------------------------	------

4. Patient Examination Detail

On this screen you'll have a drop down box that will show you the patient's occupational history as well as the examination history and the examination details for the selected exam.

On the top of the page the ID number of the patient and the selected exams' date and reference number are displayed. The next view button will take you to the next available view as displayed in the view drop down list. **In case of a new exam, the reference number will not be assigned yet** and only the occupation and examination history will be available. The new examination reference number will be generated when the details of a new examination is completed and added by the user in section 2 under Exam History.

Figure 5

Patient Examination Detail (1 of 11)

ID Number:	5601015133082	Patient Name:	PIET TEST POMPIES TEST
Exam Date:	2015-04-10	Patient Age:	59
Reference Nr:	Not Assigned yet	Occupation:	WELDER

Select View

-Select-
 -Select-
 Service History (1 of 11)
 Exam History (2 of 11)

Note:

The Patient Examination Detail section consists of eleven screens that contains all allows for all the relevant occupational health data to be captured. Once the reference number is automatically assigned, the rest of the eleven sections will become visible and also all relevant alerts will display depending on the clinical data of the patient.

Figure 6

Patient Examination Detail (1 of 11)

ID Number: 5601015133082 Patient Name: PIET TEST POMPIES TEST
Exam Date: 2015-04-09 Patient Age: 59
Reference Nr: BEL0030482 Occupation: WELDER

DIABETES ALERT
Epilepsy alert
Evaluate sleeping patterns, Rest, etc
Not Allowed to Work on heights
Positive Drug Test
PTB Alert
Ratio% below 70
Report to DMR on PLH%
Report to WCC on PLH%
SISTER TO SEND AUDIOGRAM TO COMPANY DOCTOR
Visual acuity right over 40

Select View
Prev View -Select- Next View Reports
Back to Home Page -Select- Print EXIT Certificate
Service History (1 of 11)
Exam History (2 of 11)
Personal History (3 of 11)
Exposures (4 of 11)
Medical History (5 of 11)
Clinical Examination (6 of 11)
Abnormalities Found (7 of 11)
Special Examinations (8 of 11)
Chronic Conditions (9 of 11)
Tests Performed (10 of 11)
IHCC Certification (11 of 11)

Service History View (1 of 11)

It shows all available service history for the patient. If the patient details have not changed nothing needs to be done further on this page. If it changed, select one record to enable the edit screen below the history. Now update the detail and click the Save button to save a new record. The edit button will overwrite the selected record and must only be used in case of wrong information that needs to be corrected.

Figure 7

Patient Examination Detail (1 of 11)

ID Number: 5601015133082 Patient Name: PIET TEST POMPIES TEST
Exam Date: 2015-04-11 Patient Age: 59
Reference Nr: Not Assigned yet Occupation: WELDER

Select View
Prev View Service History (1 of 11) Next View Reports
Back to Home Page

Service History (Newest on Top)

	DateChanged	Company	SAP_CoNo	Region	Location	Position	Department	Status
Select	2015-04-08	BELL EQUIPMENT	122345	BESSA	JOHANNESBURG	WELDER		INACTIVE

Back to Home Page Print Certificate

Figure 8

Service History (Newest on Top)

	Date Changed	Company	SAP CoNo	Region	Location	Position	Department	Status
Select	2015-04-08	BELL EQUIPMENT	122345	BESSA	JOHANNESBURG	WELDER		INACTIVE

Company:

 SAP/Co Nr:

 Date Changed:

 Region:

 Location:

 Position:

 Medical Risk Type:

 Department:

 Status:

Examination History View (2 of 11)

It shows all available examination history for the patient. This is only used to add a new examination or to view more detail about the examinations selected. To add a new examination, select one record to enable the edit screen below the history. Now update the detail and click the Add button to save a new record. After the save a reference number will be allocated and displayed on the top of the screen. The edit button will overwrite the selected record and must only be used in case of wrong information that needs to be corrected

Figure 9

Exam History (2 of 11)
(Newest on Top)

	Examination Date	Clinic	Exam Type	Risk Type	Cert ref	Report
Select	2015-04-10	BELL OCCUPATIONAL HEALTH CLINIC	EXIT	ONCE OFF	BEL0030490	IHCC COF
Select	2015-04-09	BELL OCCUPATIONAL HEALTH CLINIC	EXIT	THREE YEARLY	BEL0030482	IHCC COF

Figure 10

Exam History (2 of 11)
(Newest on Top)

	Examination Date	Clinic	Exam Type	Risk Type	Cert ref	Report
Select	2015-04-10	BELL OCCUPATIONAL HEALTH CLINIC	EXIT	ONCE OFF	BEL0030490	IHCC COF
Select	2015-04-09	BELL OCCUPATIONAL HEALTH CLINIC	EXIT	THREE YEARLY	BEL0030482	IHCC COF

Exam Date:(yyyy-mm-dd)

 Clinic:

 Medical Risk Type:

 Exam Type:

 Report to Use:

Figure 11

Exam History (2 of 11)
(Newest on Top)

	Examination Date	Clinic	Exam Type	Risk Type	Cert ref	Report
Select	2015-04-10	BELL OCCUPATIONAL HEALTH CLINIC	EXIT	ONCE OFF	BEL0030490	IHCC COF
Select	2015-04-09	BELL OCCUPATIONAL HEALTH CLINIC	EXIT	THREE YEARLY	BEL0030482	IHCC COF

Exam Date:(yyyy-mm-dd)
2015-04-10
>>

<
April 2015
>

Su	Mo	Tu	We	Th	Fr	Sa
29	30	31	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	1	2
3	4	5	6	7	8	9

Clinic:
BELL OCCUPATIONAL HEALTH CLINIC

Medical Risk Type:
ONCE OFF

Exam Type:
EXIT

Report to Use:
IHCC COF

When updating a new examination as described above, you have to make sure that the date of the new examination is completed in the correct format manually or by making use of the built in calendar as the system will not accept duplicate dates for examinations. Each and every examination must have a unique date.

Note:

The date of service may never be newer than the date of the medical! The date of service must be the same as the date of the medical or older.

All The Other Views (3 – 11 of 11)

Some details about all the other views are explained first before we do sections 3 to 11 in more detail. This will just make it easier to navigate through the system.

All the other views (3 to 11) are for detail and editing or adding records for an examination. Below is an overall description of all the views. Special issues about each section will be explained separately in the specific section.

Note:

Use your “Tab” button to skip from one item to the following within a section.

The following is common for all views:

Figure 12

Patient Examination Detail
 ID Number: 7505045408086
 Exam Date: 2014-11-12
 Reference Nr: MHL0000031

Select View
 Previous Exposure

Next View

Previous Exposure

[Populate from Prev exam](#)

2014/11/12 Defaults - NOT SAVED

Noise	NO
Radiation:	NO
Dust:	NO
Hazardous Chemicals:	NO
Heat Stress:	NO
Working on Heights:	NO
Ever found medically unfit to perform any duties?	NO
Treatment for any occupational disorder?	NO

[Edit](#)

2014/11/05

YES
YES
YES
YES
YES
YES
YES

2014/11/02

NO
NO
NO
NO
NO
NO
NO

2014/11/01

NO
NO
NO
NO
NO
NO
NO

Back to Home Page Print Certificate

1) **Populate from previous exam** is only available with a new examination or when a examination for the selected vies have no data yet. It will take the results from the previous examinations (in this case history for 201411-05) and put that into the edit fields. You can then edit the fields and afterwards either save or cancel out of the edit mode. See picture 2 below. Nr. 1 displays the looks for the edit mode, 2 will save the data and go back to the normal mode, 3 will go back to normal mode without saving the data.

2) **Defaults - not saved** gets displayed only when the default data is displayed and the current record for the selected view is not saved yet.

Note:

You cannot pass a section without saving updating that section. If you do this, the program will not allow the medical to be signed off in the end by the OHNP and this will result in the OHMP not being able to see the medical for verification and certification. Make sure that the red "Defaults Not Saved" words do appear on your section before you proceed to the next section.

3) **This is the History field** and only the first field is available for editing. The rest are only there for comparison.

Note:

The history fields will show to all users regardless of your user rights. This is to ensure that appropriate occupational history is available for all users, specially in the case where workers migrate from one employer to the other.

4) **Puts the current record in edit mode** as in picture 2 below. After editing and selecting the correct data from the dropdown lists you can either save or cancel out of the edit mode.

5) **The home page button** will take you back to the main page after the logon screen without saving any data.

- 6) **Print certificate button** will print the current certificate after all data is filled in and both the Doctor and Sister accepted the results.

Note:

In the case where an exit medical was done, an additional “Exit” button will appear which will print the exit certificate.

Please note that all sections are defaulted to the normal and therefore only the abnormal have to be edited. Also note that, when using the correct medical examination forms (hard copies) those will follow the program item for item, which allows for very easy data capturing.

Note:

Even though Defaults are displayed, the records should be saved anyway.

In certain sections you will note that you have to select from drop down boxes (*PLEASE SELECT*), this is specifically designed to force certain specific answers as we have to report on those from time to time and specially with regards to the Mines Health and Safety Act to the mines and the Department of Minerals and Resources.

Figure 13

The screenshot shows a web-based form titled "Patient Examination Detail". It contains the following fields and controls:

- ID Number: 7505045408086
- Exam Date: 2014-11-12
- Reference Nr: MHL0000031
- Select View: Previous Exposure (dropdown menu)
- Next View (button)
- Previous Exposure (section header)
- Table of exposure data with columns for dates: 2014/11/05, 2014/11/02, 2014/11/01
- Buttons: Update, Cancel, Back to Home Page, Print Certificate

Annotations on the form:

- 1: Points to the "Previous Exposure" dropdown menu.
- 2: Points to the "Update" button.
- 3: Points to the "Print Certificate" button.

	2014/11/05	2014/11/02	2014/11/01
Noise:	YES	NO	NO
Radiation:	YES	NO	NO
Dust:	YES	NO	NO
Hazardous Chemicals:	YES	NO	NO
Heat Stress:	YES	NO	NO
Working on Heights:	YES	NO	NO
Ever found medically unfit to perform any duties?	YES	NO	NO
Treatment for any occupational disorder?	YES	NO	NO

Apart from the above this screen also allows for warnings to be displayed depending on the data filled in. Warnings get displayed below the reference number of the certificate. Warnings get displayed immediately after pre-defined conditions exist in the data.

Ok, now we carry on with section 3 onwards.....!

URGENT NOTICE!

All examinations must be done accurately and the data must be captured accurately.

The outcome of the evaluation of the captured data will determine the fitness to work of the worker.

Inaccurate information may result in incorrect or dangerous work placements!

Personal and Family History (3 of 11)

- 1) Where amounts or quantities are required, type only the number and not the detail into the required section. (Eg. 6 instead of 6 beers per week.)
- 2) Type the detail in the open boxes allowed for this.
- 3) If there are no detail, do not leave the box blank, type "NIL"

Figure 14

Patient Examination Detail (1 of 11)			
ID Number:	5601015133082	Patient Name:	PIET TEST POMPIES TEST
Exam Date:	2015-04-10	Patient Age:	59
Reference Nr:	BEL0030490	Occupation:	WELDER
Select View			
<input type="button" value="Prev View"/>	Personal History (3 of 11) <input type="button" value="v"/>	<input type="button" value="Next View"/>	<input type="button" value="Reports"/>
<input type="button" value="Back to Home Page"/>			
Personal and Family History (3 of 11)			
Populate from Previous exam			
2015/04/10 <i>Defaults - NOT SAVED</i>		2015/04/09	
Edit			
Smoking :	<input type="text" value="NO"/>		<input type="text" value="NO"/>
Amount Per day:	<input type="text" value="0"/>		<input type="text" value="0"/>
Alcohol :	<input type="text" value="NO"/>		<input type="text" value="NO"/>
Quantity per week:	<input type="text" value="0"/>		<input type="text" value="0"/>
Exercise :	<input type="text" value="NO"/>		<input type="text" value="NO"/>
Specify :	<input type="text"/>		<input type="text"/>
hypertension, high cholesterol, heart disease, epilepsy, diabetes, blindness, porphyria, cancer :	<input type="text" value="NO"/>		<input type="text" value="NO"/>
	<input type="text"/>		<input type="text"/>
Family History Detail			

Figure 15

Personal and Family History (3 of 11)	
Data Editing	
2015/04/10	
UpDate Cancel	
Smoking :	NO <input type="button" value="v"/>
Amount Per day:	0 <input type="text"/>
Alcohol :	NO <input type="button" value="v"/>
Quantity per week:	0 <input type="text"/>
Exercise :	NO <input type="button" value="v"/>
Specify :	<input type="text"/>
hypertension, high cholesterol, heart disease, epilepsy, diabetes, blindness, porphyria, cancer :	NO <input type="button" value="v"/>
Family History Detail	<input type="text"/>
UpDate Cancel	

Don't leave empty boxes! Type "NIL" if you have nothing to say!

Current Exposure (4 of 11)

- 1) The detail from this section will appear on the certificate of fitness.
- 2) This refers to the hazards to which a worker will be exposed for the purposes of the current medical that is being done.
- 3) Do not leave it blank if at all possible.
- 4) From time to time we need to provide reports on exposures per work area for employers, and blank spaces then become meaningless.
- 5) "No" values may only be appropriate for office and non-exposed workers.

Figure 16

Current Exposure (4 of 11)		
Populate from Prev exam		
2015/04/10	<i>Defaults - NOT SAVED</i>	2015/04/09
Edit		
Noise	<input type="text" value="NO"/>	<input type="text" value="NO"/>
Radiation:	<input type="text" value="NO"/>	<input type="text" value="NO"/>
Dust:	<input type="text" value="NO"/>	<input type="text" value="YES"/>
Hazardous Chemicals:	<input type="text" value="NO"/>	<input type="text" value="NO"/>
Heat Stress:	<input type="text" value="NO"/>	<input type="text" value="NO"/>
Working on Heights:	<input type="text" value="NO"/>	<input type="text" value="YES"/>
Shift worker:	<input type="text" value="NO"/>	<input type="text" value="YES"/>
Vibrations:	<input type="text" value="NO"/>	<input type="text" value="NO"/>
Ever found medically unfit to perform any duties?	<input type="text" value="NO"/>	<input type="text" value="NO"/>
Treatment for any occupational disorder?	<input type="text" value="NO"/>	<input type="text" value="NO"/>

Medical History (5 of 11)

- 1) In this section the answers are either "yes" or "no".
- 2) The system default answers are "no"
- 3) If you have a "yes" answer, please type short understandable details in the area allocated for this. (If any is YES, type in details below)
- 4) Example: "Asthma, since childhood still on treatment", or "CA prostate, treated", etc.
- 5) Do not leave the last section blank, if you have nothing to say, type "NIL"
- 6) If you leave areas blank, the person assessing the medical will think that you did not pay attention to that section!

Figure 17

Medical History (5 of 11)		
Data Editing		
2015/04/10		2015/04/09
Update Cancel		
Heart disease, high blood pressure, chest pain or blood clots:	NO <input type="button" value="v"/>	<input type="text" value="NO"/>
Asthma, tuberculosis, chronic bronchitis or shortness of breath:	NO <input type="button" value="v"/>	<input type="text" value="NO"/>
Hay fever, sinusitis or allergies:	NO <input type="button" value="v"/>	<input type="text" value="NO"/>
Heartburn, peptic ulcer, vomiting of blood, blood in the stool or jaundice:	NO <input type="button" value="v"/>	<input type="text" value="NO"/>
Gout, arthritis, back problems, conditions affecting joints, loss of a limb or loss of function of a limb:	NO <input type="button" value="v"/>	<input type="text" value="NO"/>
Epilepsy, blackouts, dizziness or head injury:	NO <input type="button" value="v"/>	<input type="text" value="NO"/>
Depression, anxiety, schizophrenia, alcohol dependency, drug dependency or any mental disorder:	NO <input type="button" value="v"/>	<input type="text" value="NO"/>
Loss of hearing or vision:	NO <input type="button" value="v"/>	<input type="text" value="NO"/>
Diabetes, thyroid problems or glandular disorders:	NO <input type="button" value="v"/>	<input type="text" value="NO"/>
Disorders of kidneys, bladder or genital	NO <input type="button" value="v"/>	<input type="text" value="NO"/>

Clinical Examination (6 of 11)

- 1) Height can be entered as 175 and the system will change it to 1.75
- 2) Do not type weight as 85.5, type it as 86 otherwise it will create an error on your system
- 3) Only type numeric numbers and do not add the "m" or the "kg" into the block
- 4) This holds for any numeric value that you have to enter in any section of the program.
- 5) The body mass index will be calculated automatically by the system once you update this section

Figure 18

Clinical Examination (6 of 11)	
Data Editing	
2015/04/10	
UpDate Cancel	
Height (m) eg. 1.72	<input type="text" value="0.00"/>
Weight (kg) eg. 82	<input type="text" value="0.00"/>
BMI	Calculate
Systolic BP	<input type="text" value="0"/>
Diastolic BP	<input type="text" value="0"/>
Pulse rate	<input type="text" value="0"/>
Rhythm	<input type="text" value="-- PLEASE SELECT --"/>
Urine	<input type="text" value="-- PLEASE SELECT --"/>
Urine drug screen	<input type="text" value="-- PLEASE SELECT --"/>
Any Meds that can cause false result	<input type="text" value="CLEAR"/>
	<input type="text" value="NOT DONE"/>
	<input type="text" value="BENZODIAZEPINES"/>
	<input type="text" value="COCAINE"/>
	<input type="text" value="OPIATES / MOP"/>
	<input type="text" value="AMPHETHAMINE"/>
	<input type="text" value="METHAMPHETHAMINE"/>
	<input type="text" value="METHAQUALONE - MANDRAX"/>
	<input type="text" value="MORE THAN ONE POSITIVE"/>
	<input type="text" value="OPIATES PLUS THIS"/>
UpDate Cancel	

Clinical Examination (6 of 11)	
Data Editing	
2015/04/09	
<input type="text" value="0.00"/>	
<input type="text" value="0.00"/>	
<input type="text" value="0.00"/>	
<input type="text" value="0"/>	
<input type="text" value="0"/>	
<input type="text" value="0"/>	
<input type="text" value="NORMAL"/>	
<input type="text" value="--- PLEASE SELECT ---"/>	
<input type="text" value="BENZODIAZEPINES"/>	
<input type="text" value="0"/>	

Figure 19

Clinical Examination (6 of 11)	
Data Editing	
2015/04/10	
UpDate Cancel	
Height (m) eg. 1.72	<input type="text" value="175"/>
Weight (kg) eg. 82	<input type="text" value="110"/>
BMI	Calculate
Systolic BP	<input type="text" value="0"/>

Clinical Examination (6 of 11)	
Data Editing	
2015/04/09	
<input type="text" value="0.00"/>	
<input type="text" value="0.00"/>	
<input type="text" value="0.00"/>	
<input type="text" value="0"/>	

Abnormalities Found (7 of 11)

- 1) This section defaults to "No" and your options are "yes", "no" or "not done".
- 2) Please select the correct option.
- 3) If you selected "yes", please provide very short detail in the allocated space.
- 4) If you have nothing to say, type "NIL"

Figure 20

Abnormalities Found (7 of 11)	
2015/04/10	2015/04/09
Edit	
Skin or appendages	NO
Ophthalmic system	NO
Ear nose and throat	NO
Cardio vascular system	NO
Respiratory system	NO
Gastro intestinal system	NO
Genito urinal system	NO
Musculo skeletal system	NO
Central nervous system	NO
Endocrine system	NO
HIP REPLACEMENT IN 2010	
Abnormalities Detail	

Special Examinations (8 of 11)

- 1) Placement warnings get displayed below the reference number of the certificate.
- 2) Placement warnings get displayed immediately after pre-defined conditions exist in the data.
- 3) The pre-defined conditions are based on the existing occupational health legislation and serves as a guideline to the clinician with regards to work placement and job certification at the end
- 4) Use the visual acuity conversion table below to convert your reading to the 20/20 format if necessary.
- 5) Remember that the value for “no vision” in an eye is not zero “0” but 20/200 or more.

Figure 21

20 ft	6 m	Decimal	4 m	Log MAR
20 / 630	6 / 190	0.032	4 / 125	+1.5
20 / 500	6 / 150	0.04	4 / 100	+1.4
20 / 400	6 / 120	0.05	4 / 80	+1.3
20 / 320	6 / 95	0.06	4 / 63	+1.2
20 / 250	6 / 75	0.08	4 / 50	+1.1
20 / 200	6 / 60	0.1	4 / 40	+1.0
20 / 160	6 / 48	0.125	4 / 32	+0.9
20 / 125	6 / 38	0.16	4 / 25	+0.8
20 / 100	6 / 30	0.2	4 / 20	+0.7
20 / 80	6 / 24	0.25	4 / 16	+0.6
20 / 63	6 / 19	0.32	4 / 12.5	+0.5
20 / 50	6 / 15	0.4	4 / 10	+0.4
20 / 40	6 / 12	0.5	4 / 8	+0.3
20 / 32	6 / 9.5	0.63	4 / 6.3	+0.2
20 / 25	6 / 7.5	0.8	4 / 5	+0.1
20 / 20	6 / 6	1.0	4 / 4	0
20 / 16	6 / 4.8	1.25	4 / 3.2	-0.1
20 / 12.5	6 / 3.8	1.6	4 / 2.5	-0.2
20 / 10	6 / 3	2.0	4 / 2	-0.3

- 6) If the visual fields were not done (you did a snellen eye test), type "0" in the visual field areas
- 7) The default for colour and night vision is "normal". If this is not the case, please change to abnormal.
- 8) When typing in the lung function test results, always round the values to the highest. Example, do not type 90.5 but type 91. Using decimals will cause a program error here.
- 9) Select your impression of the lung function from the next drop down box.
- 10) If the lung function test was not done, select that option from the drop down box
- 11) The baseline PLH must be the earliest one that you have on record. If you do not have one, use the baseline from the previous test in the history box if available. If there is no history, the baseline PLH must then be the same as the current PLH
- 12) The PLH shift will be calculated by the system.
- 13) Warnings that may appear after the PLH values were entered serves as a guideline and this may result in further investigations. Do not report noise induced hearing loss to the WCC based on these warnings alone!
- 14) The drop down boxes in this section is self-explanatory. Make sure that you select the "NOT done" option if a test was not done.
- 15) The "Working on Heights" options are not done, Fit or unfit. You have to make your selection there and if unfit, give your very short reason in the allocated box lower down in the section
- 16) The defaults of the fatigue management and psychological tests are no or not done. If you have done those tests, just overtype with your score for each test
- 17) In the "Describe any abnormalities" box, please type in very short words that will guide the assessor of the medical. Example: "Fibrosis R Apex – old PTB" or " ? Active PTB" etc.
- 18) If there are no old occupational diseases, type in "NIL" in the case number and the date of diagnosis boxes

Figure 22

Patient Examination Detail (1 of 11)		Patient Name: PIET TEST POMPIES TEST	
ID Number:	5601015133082	Patient Age:	59
Exam Date:	2015-04-10	Occupation:	WELDER
Reference Nr:	BEL0030490		
<p>Not Allowed to Work on heights</p> <p>Ratio% below 70</p> <p>Report to DMR on PLH%</p> <p>Report to WCC on PLH%</p> <p>SISTER TO SEND AUDIOGRAM TO COMPANY DOCTOR</p> <p>Visual actuity right over 40</p>			
<p>Select View</p> <div> <div>Prev View</div> <div>Special Examinations (8 of 11) ▼</div> <div>Next View</div> <div>Reports</div> </div> <div>Back to Home Page</div>			
Special Examination (8 of 11)			
2015/04/10		2015/04/09	
Edit			
Visual Acuity R: 20/	200	Visual Acuity R: 20/	200
Visual Acuity L: 20/	30	Visual Acuity L: 20/	20
Visual Fields R	85	Visual Fields R	85
Visual Fields L	85	Visual Fields L	85
Colour vision normal	YES	Colour vision normal	NO
Night vision normal	YES	Night vision normal	YES
FVC%	100	FVC%	110
FEV1%	99	FEV1%	99
RATIO%	60	RATIO%	65
Lung Function	OBSTRUCTIVE	Lung Function	NORMAL

Figure 23

Lung Function	OBSTRUCTIVE	NORMAL
Baseline PLH%	1.1	1.1
PLH%	15.0	25.0
PLH SHIFT %	13.9	23.9
NIHL	YES	YES
Chest X-Ray	NORMAL	DONE
HGT = Result	ABNORMAL	ABNORMAL
Cholesterol Result	NORMAL	NOT DONE
Working on Heights	UNFIT	UNFIT
Heat Stress Test (pulse rate after exercise)	130	140
Fatigue Management (EPWORTH)	4	12
Psychological Distress (K10)	NOT DONE	4
Describe any abnormalities	ASTHMA	NIL
Occupational Health Disorders Identified	NONE	NOISE INDUCED HEARING LOSS
Case Number :	NIL	NIL
Residual Disability	NO	NO
Occupational Disease - Date of diagnosis (yyyy/mm/dd)	NIL	NIL
Print NIHL Letter		

- 19) On completion of this section, if you indicated that the worker has noise induced hearing loss, you will not see the blue "Print NIHL Letter" button at the bottom of the page.
- 20) When you click on that button, a letter will appear that you can use to provide to the worker and the company as guideline and notification regarding the hearing loss.
- 21) The letter has blue areas, which are free text areas for you to complete and type over.
- 22) This letter, if used, must be printed as hard copy as the system will not save any text typed in the blue areas. (See Figure 24)

Figure 24

For Attention:	Date:
	2015/04/10
Employee Name:	Employee Number:
PIET TEST POMPIES TEST	122345
Occupation:	Department:
WELDER	

The above employee's audiometric examination revealed Noise-Induced Hearing Loss.

First PLH (Baseline):	1.1
Last PLH:	15
PLH Shift:	13.9

The following is advised:

1. That the employee be informed regarding this finding.
2. That the employee's Process Leader be informed regarding this finding.
3. That the relevant Health and Safety Representative be informed regarding this finding.
4. That the employee be re-trained regarding noise exposure and PPE.
5. That the noise control measures in the employee's area of work be re-assessed.

6. Follow up Date / Comments

Every six months from date of last medical examination

Chronic Conditions (9 of 11)

- 1) This section is fairly simple and you can choose yes or no or in certain cases you must "please select" an option.
- 2) When you select specific options, please DO NOT select "yes" only. This is an historic option. You must please select a yes with a specific condition linked to it from the drop down boxes that would indicate the status of your patient.
- 3) When dealing with disabilities, remember that the "disability" must have three components that are present:
 - a. The impairment (physical or mental) must be permanent or recurring
 - b. The impairment must not be easily treatable (Example, poor vision can be corrected with glasses and hypertension can be treated)
 - c. The impairment must have a have a permanent negative effect on the worker's possibility for employment or re-employment

*(EMPLOYMENT EQUITY ACT NO 55, OF 1998; CODE OF GOOD PRACTICE ON KEY ASPECTS OF DISABILITY IN THE WORKPLACE;
<http://www.labour.gov.za/DOL/legislation/codes-of-good-ractise/employment-equity/code-of-good-practice-on-disability-in-the-workplace>)*
- 4) Please do not indicate that a worker has a disability if the above criteria are not met

Figure 25

Chronic Conditions (9 of 11)		
Populate from Previous exam 2015/04/10 <i>Defaults - NOT SAVED</i> Edit		2015/04/09
HyperTension	--- PLEASE SELECT ---	YES - UNCONTROLLED ON TREATMENT
Asthma	NO	NO
Epilepsy	--- PLEASE SELECT ---	YES - TREATED (LAST ATTACK < 10 YRS AGO)
Mental	NO	NO
Drug Alcohol	NO	NO
Diabetes	--- PLEASE SELECT ---	INSULIN DEPENDENT - UNCONTROLLED
Obesity	NO	NO
Thyroid	NO	NO
COPD	NO	NO
Cardiac	NO	NO
Prosthesis	NO	NO
Arthritis	NO	NO
PTB_Status	--- PLEASE SELECT ---	AWAITING SPUTUM RESULTS
HIV_Status	--- PLEASE SELECT ---	NEGATIVE
Impairments Long Term	NO	NO

Figure 26

Mental	NO	
Drug Alcohol	NO	
Diabetes	— PLEASE SELECT —	INSULIN DEPENDENT - UNCONTROLLED
Obesity	NO	
Thyroid	NO	
COPD	NO	
Cardiac	NO	
Prosthesis	NO	
Arthritis	NO	
PTB_Status	— PLEASE SELECT —	AWAITING SPUTUM RESULTS
HIV_Status	— PLEASE SELECT —	NEGATIVE
Impairments Long Term Disability	— PLEASE SELECT —	
Disability		
General Comments (This information will be used in the refferal letter should the worker be reffered. To the point notes are required)		PLEASE CHECK UNCONTROLLED BP

[Update](#) [Cancel](#)

- 5) In short words, type your comments in the general comments block.
- 6) This general comments block also reflects on the referral letter that becomes available later one after certification.
- 7) Therefore, if you are going to refer the worker for a specific condition, you can use this comments block to type in the details that you want the recipient of your referral letter to see.
- 8) This will appear in the referral letter that the system will print for you.

Figure 27

General Comments (This information will be used in the refferal letter should the worker be reffered. To the point notes are required)	UNCONTROLLED HYPERTENSION, PLEASE MANAGE	PLEASE CHECK UNCONTROLLED BP

Tests Performed (10 of 11)

- 1) Select the test that were done on the worker from the left table and ignore the table on the right at this time
- 2) Type the detail of other tests performed in the other test details block
- 3) These details appear on the certificate of fitness and if you omit items here your certificate will appear incomplete

Figure 28

Tests Performed (10 of 11)				
Data Editing				
2015/04/10				2015/04/09
Update Cancel		PRINT		
Physical	YES <input type="button" value="v"/>	---	YES <input type="button" value="v"/>	<input type="button" value="YES"/>
Heat Stress	NO <input type="button" value="v"/>	---	YES <input type="button" value="v"/>	<input type="button" value="NO"/>
Audio	YES <input type="button" value="v"/>	---	YES <input type="button" value="v"/>	<input type="button" value="YES"/>
Spiro	YES <input type="button" value="v"/>	---	YES <input type="button" value="v"/>	<input type="button" value="YES"/>
Vision - Keystone	YES <input type="button" value="v"/>	---	YES <input type="button" value="v"/>	<input type="button" value="YES"/>
Vision - Snellen	NO <input type="button" value="v"/>	---	YES <input type="button" value="v"/>	<input type="button" value="NO"/>
Urine - Dipstick	YES <input type="button" value="v"/>	---	NO <input type="button" value="v"/>	<input type="button" value="YES"/>
Urine - Cannabis	NO <input type="button" value="v"/>	---	NO <input type="button" value="v"/>	<input type="button" value="NO"/>
Urine - Multidrug	YES <input type="button" value="v"/>	---	NO <input type="button" value="v"/>	<input type="button" value="YES"/>
CXR	YES <input type="button" value="v"/>	---	NO <input type="button" value="v"/>	<input type="button" value="NO"/>
GTT	NO <input type="button" value="v"/>	---	NO <input type="button" value="v"/>	<input type="button" value="NO"/>
HGT	NO <input type="button" value="v"/>	---	NO <input type="button" value="v"/>	<input type="button" value="NO"/>
Pregnancy	NO <input type="button" value="v"/>	---	NO <input type="button" value="v"/>	<input type="button" value="NO"/>
VCT Offered	NO <input type="button" value="v"/>	---	NO <input type="button" value="v"/>	<input type="button" value="NO"/>
Rapid HIV test	NO <input type="button" value="v"/>	---	NO <input type="button" value="v"/>	<input type="button" value="NO"/>
Working on Heights	YES <input type="button" value="v"/>	---	YES <input type="button" value="v"/>	<input type="button" value="NO"/>
Other Tests	YES <input type="button" value="v"/>	---	NO <input type="button" value="v"/>	<input type="button" value="NO"/>
BDT	NO <input type="button" value="v"/>	---	NO <input type="button" value="v"/>	<input type="button" value="NO"/>
Other Test Details		URINE CHROME		CHR; ACID
Update Cancel				

IHCC - Certification (11 of 11)

- 1) In edit mode only some fields can be changed. This depends on the user's logon credentials and level.
- 2) When you are happy with the results the examination can be accepted.
- 3) After accepting and saving the username will appear under the correct signature level.
- 4) You MUST accept and sign, otherwise the doctor will not be able to see the complete medical for evaluation and signature.

Figure 29

IHCC - CERTIFICATION (11 of 11)	
<div> <div> Data Editing 2015/04/10 Update Cancel </div> <div> 2015/04/09 </div> </div>	
Fitness Status	<div> — PLEASE SELECT — ▼ </div> <div>TEMP UNFIT SUBJECT TO REVIEW</div>
Recommendations	<div> — PLEASE SELECT — ▼ </div> <div>PLEASE TAKE NOTE OF THE RESTRICTIONS</div>
Restrictions 1	<div> — PLEASE SELECT — ▼ </div> <div>HEAVY MANUAL WORK</div>
Restrictions 2	<div> — PLEASE SELECT — ▼ </div> <div>DRIVING - CODES C1, C, EC1 OR EC</div>
Restrictions 3	<div> — PLEASE SELECT — ▼ </div> <div>WORKING AT HEIGHTS</div>
Referrals	<div> NIL ▼ </div> <div>OWN HEALTH CARE PROVIDER</div>
Doctor Signed	<div></div> <div>DAANS</div>
Sister Signed	<div></div> <div>ODENDAALY</div>
Doctors Comments	<div></div> <div>XXXXXX</div>
Accept and Sign	<div> NO ▼ </div> <div> Update Cancel </div>

- 5) You MUST accept and sign, otherwise the doctor will not be able to see the complete medical for evaluation and signature.
- 6) If you selected a specific referral in this section a button "Print Referral Letter" will appear at the bottom.
- 7) If you click on this button, the referral letter will appear with blue free text areas which you can add details to. This will contain the information that you entered in the general comments field in section 9 of 11.
- 8) Remember to print the hard copy, as the system does not save free text letters.
- 9) See figures 30 to 32

Figure 30

Fitness Status	--- PLEASE SELECT ---	TEMP UNFIT SUBJECT TO REVIEW
Recommendations	--- PLEASE SELECT ---	PLEASE TAKE NOTE OF THE RESTRICTIONS
Restrictions 1	--- PLEASE SELECT ---	HEAVY MANUAL WORK
Restrictions 2	--- PLEASE SELECT ---	DRIVING - CODES C1, C, EC1 OR EC
Restrictions 3	--- PLEASE SELECT ---	WORKING AT HEIGHTS
Referrals	OWN HEALTH CARE PROVIDER	OWN HEALTH CARE PROVIDER
Doctor Signed		DAANS
Sister Signed	TSHABALALAJ	ODENDAALY
Doctors Comments		XXXXXX
Print Referral Letter		

Figure 31

DATE: 2015/04/10 07:13:03 PM

TO: OWN HEALTH CARE PROVIDER

Dear Doctor / Sister

NAME: PIET TEST POMPIES TEST	ID Number: 5601015133082	
Date Of Birth: 1956/01/01	Age: 59	Co No: 122345
Occupation	WELDER	
Currently Employed by:	BELL EQUIPMENT BESSA	

Underwent a PERIODIC medical examination on : 2015/04/10

THE FOLLOWING ABNORMALITIES WERE DETECTED:

UNCONTROLLED HYPERTENSION, PLEASE MANAGE

Please investigate and manage.

We also require a report or note on your findings and treatment as the outcome may influence the worker's employment status. The information that you provide will be dealt with in a confidential manner.

Your assistance in this regard would be highly appreciated and we thank you for seeing the patient.

Yours sincerely

Figure 32

TO: OWN HEALTH CARE PROVIDER

Dear Doctor / Sister

NAME: PIET TEST POMPIES TEST	ID Number: 5601015133082	
Date Of Birth: 1956/01/01	Age: 59	Co No: 122345
Occupation	WELDER	
Currently Employed by:	BELL EQUIPMENT BESSA	

Underwent a PERIODIC medical examination on : 2015/04/10

THE FOLLOWING ABNORMALITIES WERE DETECTED:
UNCONTROLLED HYPERTENSION, PLEASE MANAGE

Please investigate and manage.

We also require a report or note on your findings and treatment as the outcome may influence the worker's employment status.
The information that you provide will be dealt with in a confidential manner.

Your assistance in this regard would be highly appreciated and we thank you for seeing the patient.

Yours sincerely

St. Junerose Tshabalala (OHNP)

Figure 33

IHCC - CERTIFICATION (11 of 11)		
2015/04/10		2015/04/09
Edit		
Fitness Status	TEMP UNFIT FOR CURRENT POSITION	TEMP UNFIT SUBJECT TO REVIEW
Recommendations	PLEASE PROVIDE ALTERNATIVE WORK	PLEASE TAKE NOTE OF THE RESTRICTIONS
Restrictions 1	RESPIRATORY RISK AREAS	HEAVY MANUAL WORK
Restrictions 2	HEAT STRESS AREAS	DRIVING - CODES C1, C, EC1 OR EC
Restrictions 3	NOISE ZONES	WORKING AT HEIGHTS
Referrals	OWN HEALTH CARE PROVIDER	OWN HEALTH CARE PROVIDER
Doctor Signed	DAANS	DAANS
Sister Signed	TSHABALALAJ	ODENDAALY
Doctors Comments	PLEASE ARRANGE FOR HEALTH EVALUATION	XXXXXX
Print Referral Letter		

Printing of Certificates

- 1) When viewing and printing of certificates are done, the standard printing processes for WebPages are used.
- 2) Remember that the exit certificate also contains the blue free text areas where you can add detail if you wish. (Figure 34)
- 3) If the printing do not fit into the correct page size, use the "print to fit" or change your page margins and page size to the correct figures.
- 4) To export to PDF, install a PDF printer and print the document to that printer. A Free PDF printer can be downloaded from this site: <http://www.bullzip.com/products/pdf/info.php>

Figure 34 – Exit Certificate in Edit Format

TEL:	27359079335			POSTAL ADDRESS:	PSAC 322046, EMPLOYMENT, 3580, SOUTH AFRICA			
FAX:	27359079195			Dr. D. J. Shong MB ChB (JOM) DipSAC DCHIMed				
APPOINTED MEDICAL PRACTITIONER:				Dr. D. J. Shong MB ChB (JOM) DipSAC DCHIMed				
EMPLOYEE NAME:	PIET TEST POKPIES TEST		DATE OF BIRTH:	1950/10/				
COMPANY NR:	122345	OCCUPATION:	WELDER					
IDNR:	5601015133032	BURO NO:						
DEPARTMENT:	SECTION:		BESBA					
LABOUR HISTORY AND SIGNIFICANT HAZARDS								
OCCUPATION	FROM	TO	SHIFTS	DUST	NOISE	HEAT	RADIATION	CHEMICALS
		2015/04/10	NA	YES	NO	NO	NO	YES
EXIT SUMMARY			DATE OF LAST EXAMINATION:			2015/04/10		
DATE:			2015/04/10	DATE OF INITIAL MEDICAL EXAMINATION:			2012/04/09	
CXR - ILO CLASSIFICATIONS								
SMALL OPACITIES								
LARGE OPACITIES								
OTHER:	NORMAL							
LUNG FUNCTION	PRE ACTUAL	% PREDICTED	POST ACTUAL	% PREDICTED				
FVC		100						
FEV1		99						
FEV1/FVC%		99						
AUDOMETRY		Baseline L	Baseline R	Exit L	Exit R			
R - dB HL	11.00							

Figure 35

CERTIFICATE OF FITNESS - Ref: BEL0030490							
EMPLOYEE				PIET TEST POMPIES TEST			
ID NUMBER				5601015133082			
COMPANY NUMBER				122345			
POSITION				WELDER			
DEPARTMENT							
EMPLOYER				BELL EQUIPMENT			
REGION				BESSA			
DATE OF CERTIFICATION				2015/04/10			
DATE OF MEDICAL				2015/04/10			
EXPIRY DATE				2015/04/10			
EXAMINATION PERFORMED				EXIT			
OCCUPATIONAL RISK EXPOSURE PROFILE							
SHIFTS	NOISE	RADIATION	DUST	HAZ.CHEM	HEAT	HEIGHTS	Vibrations
YES	NO	NO	YES	NO	NO	YES	NO
DETAILS OF MEDICAL EXAMINATION							
PHYSICAL EXAMINATION				YES			
HEAT STRESS TEST				NO			
AUDIOMETRY				YES			
SPIROMETRY				YES			
VISION - KEYSTONE				YES			
VISION - SNELLEN				NO			
WORKING ON HEIGHTS				YES			
URINE CANNABIS				NO			
URINE MULTI DRUG TEST				YES			
CXR				YES			
OTHER TESTS				URINE CHROME			
RESULT OF MEDICAL EVALUATION							
FITNESS STATUS				TEMP UNFIT FOR CURRENT POSITION			
RECOMMENDATIONS				PLEASE PROVIDE ALTERNATIVE WORK			
RESTRICTION				RESPIRATORY RISK AREAS			
				HEAT STRESS AREAS			
				NOISE ZONES			
REFERRALS				OWN HEALTH CARE PROVIDER			
DOCTOR'S COMMENTS				PLEASE ARRANGE FOR HEALTH EVALUATION			

Figure 36 – Exit Certificate

TEL:	27359079335				POSTAL ADDRESS	PBAG X20046, EMPANGENI, 388		
FAX:	27359079195							
APPOINTED MEDICAL PRACTITIONER		Dr. D. J. Struwig MB ChB(UOVS) DA(SA) DOMH(Pret)						
EMPLOYEE NAME	PIET TEST POMPIES TEST		DATE OF BIRTH	1956/01/01				
COMPANY NR	122345	OCCUPATION	WELDER					
IDNR	5601015133082	BURO NO						
DEPARTMENT	SECTION		BESSA					
LABOUR HISTORY AND SIGNIFICANT HAZARDS								
OCCUPATION	FROM	TO	SHIFTS	DUST	NOISE	HEAT	RADIATION	CHEMICALS
		2015/04/13	NA	YES	NO	NO	NO	NO
EXIT SUMMARY			DATE OF LAST EXAMINATION			2015/04/10		
DATE	2015/04/10		DATE OF INITIAL MEDICAL EXAMINATION			2015/04/09		
CXR - ILO CLASSIFICATIONS								
SMALL OPACITIES								
LARGE OPACITIES								
OTHER		NORMAL						
LUNG FUNCTION	PRE-ACTUAL	% PREDICTED		POST-ACTUAL		% PREDICTED		
FVC		100						
FEV1		99						
FEV1/FVC%		60						
AUDIOMETRY		Baseline L		Baseline R		Exit L		Exit R
PLH Shift	13.90							
Initial	1.1							
Exit	15.0							
OTHER BIOLOGICAL MONITORING								
OCCUPATIONAL DISEASE INJURY		NONE		CLAIM NR		NIL		
DETAIL								
COMPENSATION								
NIL DUE								
AWAITING DECISION / BEING PROCESSED								
DESCRIBE CONDITION								
REFERENCE NR/DATE:	NIL							
RECEIVED COMPENSATION FOR								
DESCRIBE CONDITION:								
REFERENCE NR/DATE::								
DEGREE OR %:								
EMPLOYEE: PIET TEST POMPIES TEST The content of the above was						DATE	2015/04/10	