



**mineral resources**

Department:  
Mineral Resources  
REPUBLIC OF SOUTH AFRICA

## ANNUAL MEDICAL REPORT FOR THE YEAR 20....

(Mine Health and Safety Act, Act No. 29 of 1996 Sec 2(1) and Sec 16)

### MINE DETAILS

Name of Mine:

Region:

Mine/ SAMRASS  
Code:

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Physical Address of Mine:

Mine  
Type:

Underground

☐

Surface

☐

Quarry

☐

Brickwork

☐

Commodity (s) mined:

### EMPLOYEE DETAILS

Total number of employees:

Total number of permanent employees:

Total number of contractor employees:

Total number of office employees:

Number of hours worked by employees  
subject to medical surveillance:

**OPERATIONAL RISKS TO HEALTH**

Process at mine (Please attach the schematic diagram with brief explanation on the space provided below):

Risks associated with the processes (tabulate):

Significant Risks relevant in the Occupational Medical Practitioners opinion

**ANALYSIS OF EMPLOYEES HEALTH IN TERMS OF MEDICAL SURVEILLANCE**

Number of Initial Medical Examinations:

Number of Periodical Medical Examinations:

Number of Exit Medical Examinations:

**In terms of the above examinations, the following were found to be unfit:**

**INITIALS**

Number of initials found unfit:

Brief explanation for unfitness:

How many officials have lodged section 20 appeals?

**PERIODICALS**

Number of periodicals found unfit:

**Brief explanation for unfitness:**

How many officials have lodged section 20 appeals?

**EXITS**

Medical incapacity (please provide no.)

Retrenchment/ retirement/ resignation (Provide no.)

Labour relations issues (Provide no.)

Officials lodged section 20 appeals (Provide no.)

<b>OCCUPATIONAL DISEASE SUBMITTED AND CERTIFIED FOR THE REPORTING PERIOD</b>
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Occupational Disease	ICD 10 code	Total number diagnosed in the reporting year			Number submitted			Number certified		
		Company Employee	Contract Employees	Total	Company Employee	Contract Employees	Total	Company Employee	Contract Employees	Total

<b>ANALYSIS</b>
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Measures taken to promote health

Measures taken in assisting employees in matters relating to health

**NUMBER OF PERSONS WHOSE OCCUPATION HAS CHANGED AS A RESULT OF:**Occupational disease Occupational accident **NUMBER OF PERSONS WHOSE EMPLOYMENT WAS TERMINATED AS A RESULT OF:**Occupational disease Occupational accident 

ADDITIONAL COMMENTS NOT ADDRESSED ABOVE:

**Particulars of responsible Occupational Medical Practitioner:****Name:****Postal Address:****Tel no.**

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**Signature of Occupational Medical Practitioner**

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**Date:**