

**CONFIDENTIAL- VERTROULIK**  
**MEDICAL REPORT OF/GENEESKUNDIGE VERSLAG VAN**  
**PEST CONTROL OPERATORS (PCO's)/PLAAGBEHEEROPERATEURS (PBO's)**

**A** ε(Please Note: Only particulars of PCO in A/Let Wel: Net besonderhede van PBO in A)

SURNAME/VAN _____	IDENTITY NO. _____ IDENTITEITSNO _____
FIRST NAMES/VOORNAME: _____	
REGISTRATION NO/REGISTRASIE NO: <b>P.</b> _____	SIGNATURE OF PCO:/ HANDTEKENING VAN PBO: _____

**THE PASIENT IS PERSONALLY RESPONSIBLE FOR THE PAYMENT OF THIS MEDICAL EXAMINATION**  
**DIE PASIENT IS PERSOONLIK VERANTWOORDELIK VIR DIE VOLLE BETALING VAN HIERDIE ONDERSOEK**

**B** **MUST BE COMPLETED BY A REGISTERED MEDICAL PRACTITIONER/**  
**MOET DEUR 'N GEREGISTREERDE GENEESHEER VOLTOOI WORD**

Replies are to be indicated by means of a cross in the appropriate square (except item 1, 2, 3, 6b, 7b, 8c and 14).  
 If a cross appears in any **YES** square full details should be furnished under Item 14.  
 Antwoorde moet deur middel van 'n kruisie in die betrokke blokkie aangedui word (behalwe item 1, 2, 3, 6b, 7b, 8c en 14)  
 Indien 'n kruis in enige **JA** blokkie verskyn moet volledige besonderhede onder Item 14 verstrek word.

1. Age: _____ years Ouderdom: _____ jaar	2. Body mass: _____ kg Liggaamsmassa: _____ kg	3. Length: _____ cm Lengte: _____ cm
<b>4. SKIN/VEL</b> Are there any signs or evidence of a disease? Is daar enige tekens of getuienis van 'n siektetoestand?	<b>YES/JA</b>	<b>NO/NEE</b>
<b>5. SKELETON AND JOINTS/BEENSTELSE EN GEWRIGTE</b> Are there any signs or evidence of a disease or abnormality? Is daar enige teken of getuienis van 'n siektetoestand of abnormaliteit?		
<b>6. (a) HAS THE APPLICANT ANY DEFECT OF HET DIE AANSOEKER ENIGE GEBREK AAN</b>		
(i) Hearing/Gehoor?		
(ii) Speech/Spraak?		
(iii) Teeth/Tande?		
(iv) Sight/Gesig?		
<b>(b) VISUAL ACUITY ACCORDING TO SNELLEN'S OPTOTYPES/ GESIGSKERPTE VOLGENS SNELLEN SE PROEFLETTERS</b>		
Left eye/Linkeroog Right eye/Regteroog	<b>Without glasses Sonder bril</b>	<b>With glasses Met bril</b>
<b>7. CIRCULATORY SYSTEM/BLOEDSOMLOOPSTELSEL</b>	<b>YES/JA</b>	<b>NO/NEE</b>
(a) Are there any signs or evidence of disease or abnormality? Is daar enige tekens of getuienis van 'n siektetoestand of abnormaliteit?		
(b) Blood pressure/Bloeddruk		
Systolic/Sistolies:		
Diastolic/Diastolies:		
<b>8. RESPIRATORY SYSTEM/ASEMHALINGSTELSEL</b>	<b>YES/JA</b>	<b>NO/NEE</b>
(a) Is chest well developed? Is borskas goed ontwikkel?		
(b) Are there any signs or evidence of disease or abnormality Is daar enige teken of getuienis van 'n siektetoestand of abnormaliteit?		
(c) *Chest size - Nipple line/Borsmaat - Tepelhoogte: (i) On full inspiration/By volle inaseming (ii) On full expiration/By volle uitaseming		

**\*Omit in the case of female patients/Laat weg in die geval van vroulike pasiënte**

	YES/JA	NO/NEE
<b>9. DIGESTIVE SYSTEM/SPYSVERTERINGSTELSEL</b> Are there any signs or evidence of a disease or abnormality? Is daar enige tekens of getuienis van 'n siektetoestand of abnormaliteit?		
<b>10. GENITO URINARY SYSTEM/GESLAGS URINêRE ORGANE</b> (a) Are there any signs or evidence of a disease or abnormality? Is daar enige tekens of getuienis van 'n siektetoestand of abnormaliteit? (b) Is albumen, sugar, pus, blood or any other abnormal constituent present in the urine? Is eiwit, suiker, etter, bloed of enige ander abnormale bestanddeel in die urine teenwoordig?		
<b>11. NERVOUS SYSTEM/SENUSTELSEL</b> Are there any signs of a disease or abnormality? Is daar enige tekens of getuienis van 'n siektetoestand of abnormaliteit?		
<b>12. ANY OTHER ILLNESS/ENIGE ANDER SIEKTE</b> Is there any sign or evidence that the patient is suffering or has suffered from any other illness? Is daar enige tekens of getuienis dat die pasiënt aan enige ander siekte ly of gely het?		
<b>13.</b> Is the patient maimed, deformed or physically defective or disfigured in any way or are there any operation scar(s)? Is die pasiënt op enige wyse vermink, misvorm of liggaamlik gebrekkig of mismaak of is daar enige operasielitteken(s)?		
<b>14. <i>If a cross appears in any YES square, except 8, FULL DETAILS thereof should be furnished here.</i></b> <b><i>Indien 'n kruis in enige JA blokkie, behalwe 8, verskyn moet VOLLEDIGE BESONDERHEDE daaromtrent hier verstrek word.</i></b>		

## C

<b>1.</b> Do you consider that the patient is in <b>GOOD HEALTH</b> and free from any physical or mental defect, disease or infirmity which is likely to interfere with the proper performance of his/her duties in the handling of substances which are toxic by ingestion, inhalation or skin absorption. Is u van mening dat die pasiënt in <b>GOEIE GESONDHEID</b> is en dat hy/sy vry is van enige liggaamlike of verstandelike gebrek, siekte of swakheid van hom/haar sou kon verhinder in die hantering van stowwe wat toksies is by inname, inaseming of velabsorpsie.	YES/JA	NO/NEE
<b>2. THE COMPLETED FORM MUST PLEASE BE MAILED TO THE REGISTRAR: ACT 36 OF 1947, PRIVATE BAG X343, PRETORIA 0001</b> <b>DIE VOLTOOIDE VORM MOET ASSEBLIEF AAN DIE REGISTRATEUR: WET 36 VAN 1947, PRIVAATSAK X343, PRETORIA 0001 GEPOS WORD</b>		
_____ <b>Signature/Handtekening (Dr)</b>	_____ <b>Name of Dr/Naam van Dr</b>	<b>Date/Datum:</b> _____
	_____ <b>Professional qualifications/ Professionele kwalifikasies</b>	<b>Place/Plek:</b> _____