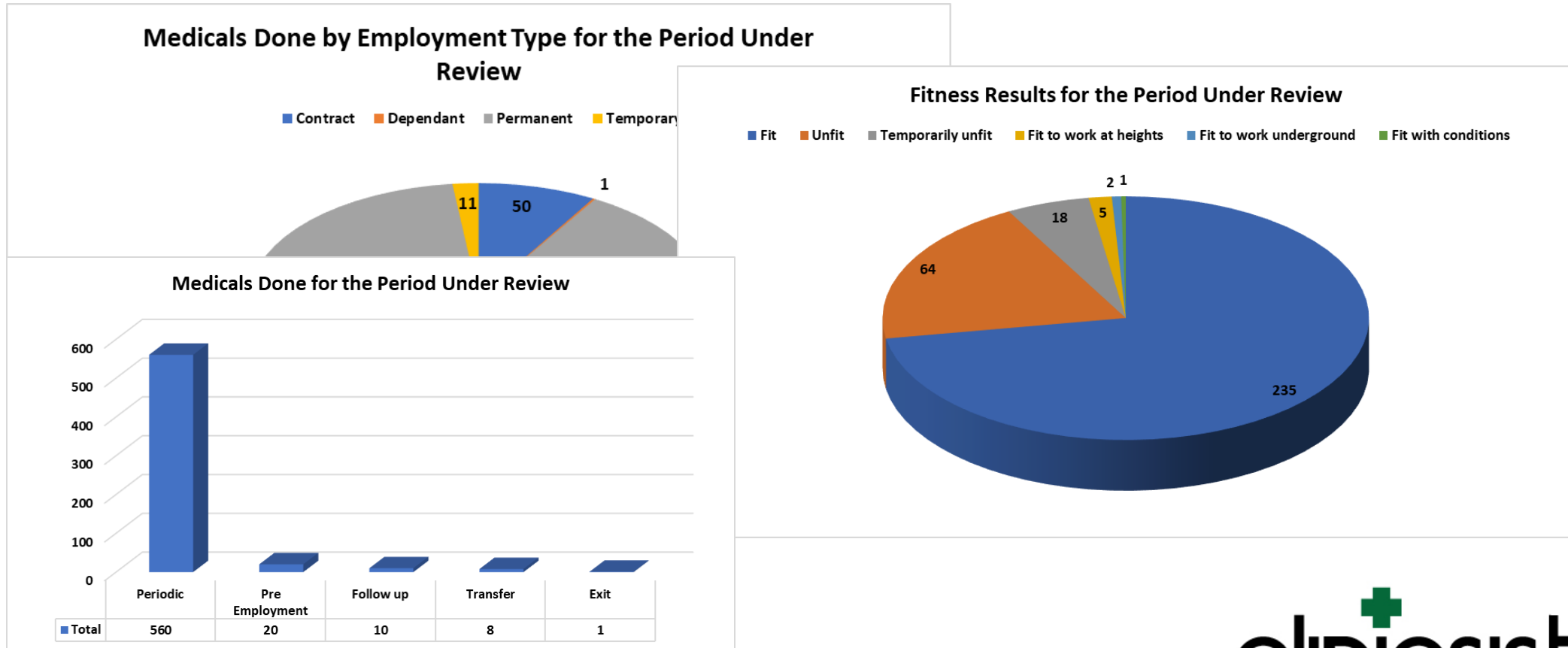


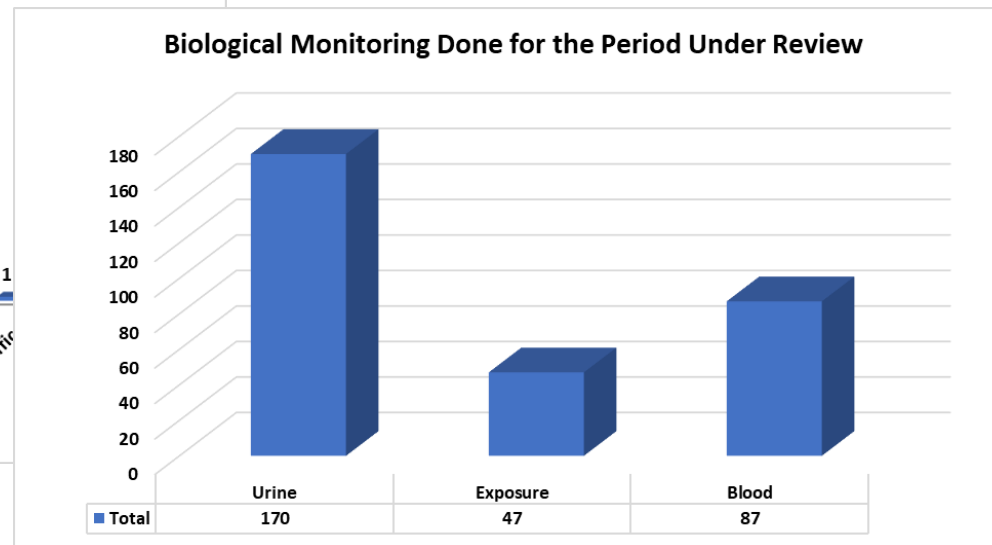
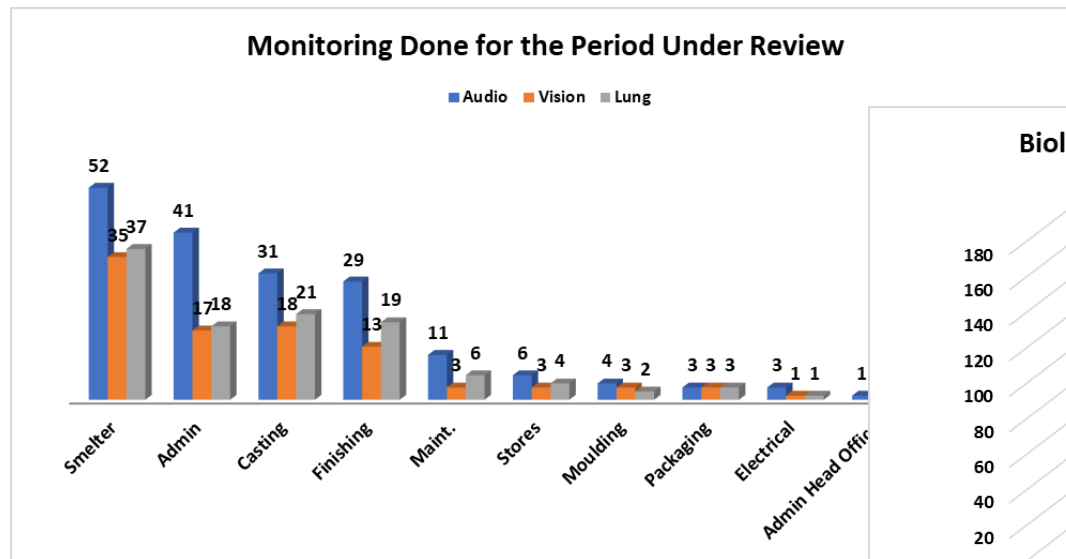
# ClinicSister Occupational Health Reporting Examples

Whilst ClinicSister is a complete clinic management program, addressing all aspects of what is done in a workplace based clinic, it is first and foremost, an Occupational Health management solution. This report pack is a small example of what reporting and analysis it will provide you with.



# ClinicSister Occupational Health Reporting Examples

Using the FlexiTools it produces, you will be able to produce any graphical analysis you want. And, if you need assistance we're there for you. In as little as five minutes you will have the chart you want.



# ClinicSister Occupational Health Reporting Examples

Detailed reports are also available at the click of a button, enabling you to filter results by using a combination of parameters.

## Referrals Done Between 2017/01/01 and 2018/12/31

Group ALL  
Company Pro Andolay  
Department ALL  
Medical Type ALL

Date	Exam. No.	Emp. No.	Surname	First Name	Title	ID No
2018/01/18	1172	027	Ehengu	Sibusiso	Mr	43122554889
2018/01/24	1262	027	Ehengu	Sibusiso	Mr	43122554889

## All Medical with Fitness Results

Date 2017/01/01 To 2018/12/31  
Group ALL  
Company Pro Andolay  
Department ALL  
Fitness ALL  
Medical ALL

Exam Date	Employee	Medical	Doctor	Fitness	Reason
2017/01/13	Sibusiso Jonathan Ehengu - (4312255488965)	Periodic	Gordon	Fit	Do a further at months
2017/01/15	Miranda Pillay - (6005175227929)	Periodic	De Bruyn	Fit	
2017/01/19	Bongani Mhetwa - (5902086011959)	Periodic	Gordon	Fit	
2017/01/25	Richard Kunene - (6710255492961)	Transfer	Botha	Unfit	a further audio
2017/02/02	Manda Petros Shange - (5204135306965)	Periodic	Gordon	Fit	
2017/02/10	Manda Petros Shange - (5204135306965)	Periodic	Gordon	Fit	
2017/02/10	Manda Petros Shange - (5204135306965)	Periodic	Gordon	Fit	
2017/02/16	William Carling - (4910145111969)	Periodic	Gordon	Fit	

## Medicals Done Between 2017/01/01 and 2018/12/31

Group ALL  
Company Pro Andolay  
Department ALL  
Medical Type ALL

Date	Exam. No.	Emp. No.	Surname	First Name	Title	Medical	Department	Company	Gr
2017/01/13	645	026	Ehengu	Sibusiso	Mr	Periodic	Casting	Pro Andolay	Gr
2017/01/13	673	027	Ehengu	Sibusiso	Mr	Periodic	Smelter	Pro Andolay	Gr
2017/01/15	646	A152	Pillay	Miranda	Ms	Periodic	Electrical	Pro Andolay	Gr
2017/01/19	647	A112	Mhetwa	Bongani	Mr	Periodic	Stores	Pro Andolay	Gr
2017/01/25	537	105	Kunene	Richard	Mr	Transfer	Casting	Pro Andolay	Gr
2017/02/02	608	766	Mkheize	Muzi	Mr	Periodic	Finishing	Pro Andolay	Gr
2017/02/02	653	A165	Shange	Manda	Mr	Periodic	Smelter	Pro Andolay	Gr
2017/02/10	655	A165	Shange	Manda	Mr	Periodic	Smelter	Pro Andolay	Gr
12	2018/01/19		Stores Admin Clerk	Stores	Pro Andolay				
0	2017/01/25		Mould Repairer	Casting	Pro Andolay				
12	2018/02/02		Forcift Operator	Smelter	Pro Andolay				
12	2018/02/10		Forcift Operator	Smelter	Pro Andolay				
12	2018/02/10		Forcift Operator	Smelter	Pro Andolay				
12	2018/02/16		2nd Operator	Finishing	Pro Andolay				

# ClinicSister Occupational Health Reporting Examples

Probably the most valuable tool is the ability to schedule medicals, emailing the schedule report to managers and then the report on those medicals missed. For ClinicSister Custom, sms alerts may be sent to individuals and the management of Wellness Days may also be controlled using this facility.

## Due Medicals

Due Date	Last Name	First Name	Employee No.	Medical
2019/04/16	Anders	Gabriela	007	Chronic I
2019/04/16	Dlamini	Shaun	370	Periodic
2019/04/16	Khan	Petros	2343	Periodic
2019/04/16	King	Jamie	A114	Periodic
2019/04/16	Mabaso	Funela	A148	Periodic
2019/04/16	Mabaso	Percival	A116	Periodic
2019/04/16	Mahabeer	Christian	A108	Periodic

## Missed Medicals

### Pro Andolay

### Admin

Due Date	Emp. No.	Last Name	First Name	Medical Due	Tel. No.
2019/04/16	127	Mshengu	Promise	Periodic	
2019/04/16	A108	Mahabeer	Christian	Periodic	
2019/04/16	A114	King	Jamie	Periodic	
2019/04/16	A121	Mbeje	Elton	Periodic	
2019/04/16	A131	Naidoo	Eric	Periodic	
2019/04/16	A136	Ndlovu	Jarno	Periodic	

# ClinicSister Occupational Health Reporting Examples

Analysing monitoring results and trends is easy and both graphs and detailed reports are available.

## Lung Function

Group All  
Company Pro Andolay  
Department All  
Date Between 2017/01/01 And 2019/12/31

Severity - Mild

Date	Emp No	Last Name:	First Name:	Company	Department
2017/05/19	A134	Mbeje	Melvin	Pro Andolay	Finishing
2017/08/28	461	Bhengu	Themba	Pro Andolay	Casting

## Vision Tests

Severity - Normal

Group All  
Company Pro Andolay  
Department All  
Date Between 2017/01/01 And 2019/12/31

Date	Emp No	Last Name	First Name	Company
2018/08/07	239	Baxter	George	Pro Andolay
2018/08/07	027	Bhengu	Sibusiso	Pro Andolay
2018/08/12	393s	Coy	Bonginkosi	Pro Andolay
2018/08/13	239	Baxter	George	Pro Andolay
2018/08/25	TBA	Chiimba	Gilbert	Pro Andolay
2018/08/29	239	Baxter	George	Pro Andolay
2018/09/10	027	Bhengu	Sibusiso	Pro Andolay
2018/09/11	A173	Thusi	Nhlanhla	Pro Andolay
2018/09/12	Unknown	Mkwanazi	Velile	Pro Andolay
2018/09/13	PDC074	Dilraj	Alfred	Pro Andolay
2018/09/18	027	Bhengu	Sibusiso	Pro Andolay
2018/10/02	027	Bhengu	Sibusiso	Pro Andolay
2018/10/03	461	Bhengu	Themba	Pro Andolay
2018/10/11	027	Bhengu	Sibusiso	Pro Andolay
2018/10/11	STF002	Dlamini	Henry	Pro Andolay
2018/10/15	A109	Hlongwane	Nicodemus	Pro Andolay

## Audio Results - 11% and Greater

Group All  
Company Pro Andolay  
Department All  
Date Between 2017/01/01 And 2019/12/31

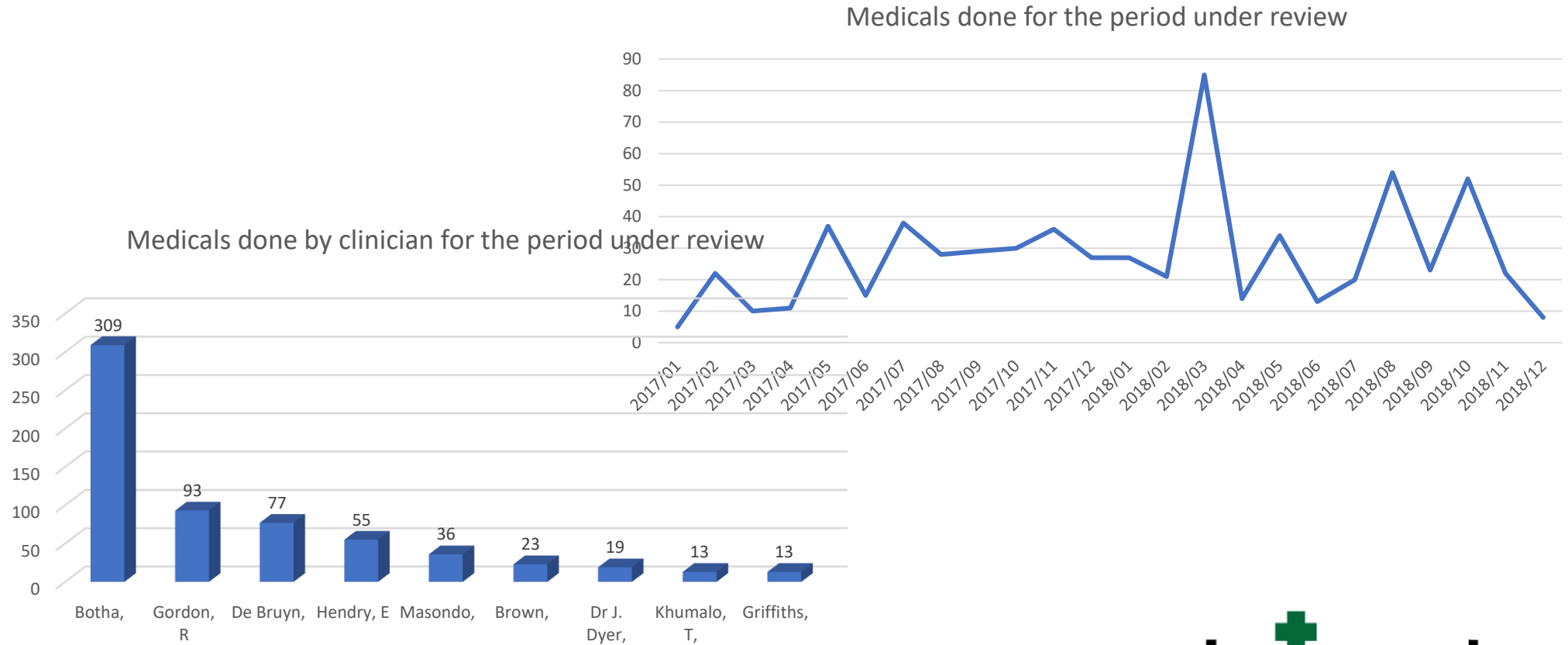
Type Baseline

Date	Emp No	Last Name:	First Name:	Company	Department	PLH	ABHL	PLUShift	FBI	Refer	Repeat	After Wknd	After Syringe	PLH Type	Comment
2017/02/22	388s	Coetzer	Hendrik	Pro Andolay	Casting	12	0	0	0	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2017/02/22	461	Bhengu	Themba	Pro Andolay	Casting	12	0	0	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2017/02/22	A108	Hlela	Henri	Pro Andolay	Finishing	12	0	0	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2018/02/12	027	Bhengu	Sibusiso	Pro Andolay	Smelter	12	0	0	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2018/08/06	A103	Fisher	Frank	Pro Andolay	Maint	15	0	0	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2018/08/06	PRO0120	Carling	William	Pro Andolay	Finishing	12	0	0	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

2018/08/07	239	Baxter	George	Pro Andolay	Casting	6/6	6/6	Normal	<input type="checkbox"/>	Normal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2018/08/13	239	Baxter	George	Pro Andolay	Admin	6/3	6/3	Normal	<input type="checkbox"/>	Abnormal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2018/08/25	TBA	Chiimba	Gilbert	Pro Andolay	Casting	6/6	6/6	Normal	<input checked="" type="checkbox"/>	Abnormal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2018/08/29	239	Baxter	George	Pro Andolay	Admin	6/3	6/3	Normal	<input type="checkbox"/>	Abnormal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2018/09/10	027	Bhengu	Sibusiso	Pro Andolay	Smelter	6/6	6/6	Normal	<input checked="" type="checkbox"/>	Normal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2018/09/11	A173	Thusi	Nhlanhla	Pro Andolay	Stores	6/6	6/6	Normal	<input checked="" type="checkbox"/>	Normal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2018/09/12	Unknown	Mkwanazi	Velile	Pro Andolay	Casting	6/6	6/6	Normal	<input checked="" type="checkbox"/>	Normal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2018/09/13	PDC074	Dilraj	Alfred	Pro Andolay	Finishing	6/6	6/6	Normal	<input type="checkbox"/>	Normal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2018/09/18	027	Bhengu	Sibusiso	Pro Andolay	Smelter	6/6	6/6	Normal	<input checked="" type="checkbox"/>	Normal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2018/10/02	027	Bhengu	Sibusiso	Pro Andolay	Smelter	6/6	6/6	Normal	<input checked="" type="checkbox"/>	Normal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2018/10/03	461	Bhengu	Themba	Pro Andolay	Casting	6/6	6/6	Normal	<input type="checkbox"/>	Normal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2018/10/11	027	Bhengu	Sibusiso	Pro Andolay	Smelter	6/6	6/6	Normal	<input type="checkbox"/>	Normal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2018/10/11	STF002	Dlamini	Henry	Pro Andolay	Packaging	6/6	6/6	Normal	<input checked="" type="checkbox"/>	Normal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2018/10/15	A109	Hlongwane	Nicodemus	Pro Andolay	Maint.	6/6	6/6	Normal	<input checked="" type="checkbox"/>	Normal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# ClinicSister Occupational Health Reporting Examples

Again graphic representation is easily produced, giving you and management an insight into the health of both the business and the workforce.



# ClinicSister Occupational Health Reporting Examples

Customised Certificates of Fitness, referral letters and full medical reports are also produced, with your logo and details making them easily identifiable and hard to copy. Note too that Annexure 3 requirements are also easily and accurately addressed.



Your Address  
Your Tel No  
Your Fax No  
Your Email Address

## Certificate of Fitness Exam No: 610

Medical Type: Periodic

Name: Themba Bhengu

ID No: 7409285323959

Gender: Male DoB: 1974/09/28 Age: 43

Group: Gargantuan

Company: Pro Andolay

Department: Casting

Designation: 2nd Operator

Employee No: 461

<b>Exposures</b>	<b>Job Specific Requirements</b>	<b>Protective Equipment</b>
Asbestos	Calm Temperament	Mask
Dust >60% per day	Vision: colour	Hard Hat
Noise > 85 dBA<105 dBA		Gloves

I certify that I have, by examining and testing using the criteria above, satisfied myself that the abovementioned employee is:

**Fit**

Comment:

Referred To:

Examination Date: 2017/07/28

Expiry Date: 2018/07/28

I ACKNOWLEDGE THAT I HAVE BEEN EXAMINED AND THE RESULTS OF THE EXAMINATION EXPLAINED TO ME.

\_\_\_\_\_  
2017/07/28  
Examiner Date

\_\_\_\_\_  
Examinee Date

\_\_\_\_\_  
OMP Date



Your Address  
Your Tel No  
Your Fax No  
Your Email Address

## Referral Letter

Attention: Magoro, P. - TR0147109

Employee: Sibusiso Johnathan Ehenqu

Employee No: 027

Designation: Jack Hammer Operator

ID/Passport: 4312255488965

Gender Male Birthdate: 1960/12/18 Age 59

Group: Gargantuan

Company: Pro Andolay

Department: Smelter

This is to certify that the above person has been seen / examined by me, and requires the following:

The employee has a suspected infection. Please test

### Vital Statistics Results

BP: 120 / 70 Pulse: 72 Temp: Height (cms): 180 Weight (Kgs): 80 BMI: 25


Signed: \_\_\_\_\_

Masondo

Date Examined Sunday, 09 June 2019

# ClinicSister Occupational Health Reporting Examples

...and included in the medicals are questionnaires you're able to set up and change as needs change. ClinicSister Custom will allow you an immense amount of additional flexibility too.



Address1

**FullName:** Sibusiso Johnathan Bhengu

Physical Examination	Result	Findings
Head, face, scalp and neck	NAD	
Ears, nose and throat	NAD	
Lungs, chest and breast	NAD	
Heart (Size and sound)	NAD	
Vascular system and lymphatics (pulses/glands)	NAD	

<b>Medical Examination</b>	<b>Occupational Questionnaire</b>
Type: <input type="text" value="Periodic"/> Examiner: <input type="text" value="Masonc"/> <b>FullName:</b> Sibusiso Johnathan Bhengu Group: Gargantuan Company: Pro Andolay Designation: Jack Hammer Operator Employee No: _____ Age: 58 Gender: Male Race: B Mass (kg): 80 Height (cms): 180 Wt Change: 0 BMI: 2 BP: 120 / 70 Status: Normal Pulse: 72 Temp: _____ Smoker? <input checked="" type="checkbox"/> Per Day: 12 Drink? <input type="checkbox"/> Per Week: 0	Have you been exposed to chemicals? <input type="text"/> If so, have you worked underground? <input type="text"/> Have you worked in a cement factory? <input type="text"/> Have you been exposed to loud noise? <input type="text"/> Do you experience vertigo? <input type="text"/> Have you worked at heights? <input type="text"/> Have you worked in a mine? <input type="text"/> Have you worked in high heat? <input type="text"/> If you're a driver do you suffer from: <input type="text"/> If you work at heights, do you suffer from: <input type="text"/> Fear of heights? <input type="text"/> If working at heights, do you suffer from: <input type="text"/> Vertigo? <input type="text"/> Diabetes? <input type="text"/> Epilepsy? <input type="text"/> Have you worked in a cold environment? <input type="text"/>
<b>Chronic Ailments and Allergies</b> Penicillin Other Allergies Hypertension (for control) Wellness Chronics	<b>Medical Questionnaire</b> Disorders of kidneys, bladder or genitalia? <input type="text"/> Hiuloo? <input type="text"/> Hay fever, sinusitis or allergies? <input type="text"/> Heartburn, peptic ulcer, vomiting of blood, blood in the stool or jaundice? <input type="text"/> Gout, arthritis, back problems, conditions affecting joints, loss of...? <input type="text"/>

<b>Medical Questionnaire</b> Signature Employee: _____ Date: _____	OHNP: _____ OMP: _____
--	---------------------------

<b>Result of Medical Evaluation</b> Recommendation: Should only work under supervision Restriction: Not to work at heights	Vision Results <table border="1" style="width: 100%;"> <thead> <tr> <th>Left</th> <th>Right</th> <th>Status</th> <th>Corrected?</th> <th>Colour</th> <th>Peripheral</th> <th>L85</th> <th>L70</th> <th>L55</th> <th>Nasa1</th> <th>Nasa1</th> <th>R55</th> <th>R70</th> <th>R85</th> </tr> </thead> <tbody> <tr> <td>6/6</td> <td>6/6</td> <td>Normal</td> <td><input checked="" type="checkbox"/></td> <td>Normal</td> <td>Normal</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </tbody> </table>	Left	Right	Status	Corrected?	Colour	Peripheral	L85	L70	L55	Nasa1	Nasa1	R55	R70	R85	6/6	6/6	Normal	<input checked="" type="checkbox"/>	Normal	Normal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Left	Right	Status	Corrected?	Colour	Peripheral	L85	L70	L55	Nasa1	Nasa1	R55	R70	R85																
6/6	6/6	Normal	<input checked="" type="checkbox"/>	Normal	Normal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																

<b>Medication</b> Amloc Cotareg 160	Family History Angina - Father 2017/03/03
<b>Ailment History</b> TB Abdomen 2017/04/04 Angina 2017/11/20	Signature Employee: _____ Date: _____



# ClinicSister Occupational Health Reporting Examples

IOD reporting is also flexible and comprehensive.

