CLINICPLUS

Occupational Health Services

BOOKINGS FORM
2016

COMPANY:	
Contact person:	
Contact number:	
email address:	

3 Nicolstreet, Extension 10, Witbank, 1035

Tel: 013 656 2020, Fax: 013 656 5036, email: clinicplus@lantic.net

PAYMENT WITH BOOKING: ABSA bank, Account nr. 406 967 2703; Branch code: 632005; Reference: Your company name

Date	**Initials and Surname**	**ID number / Passport**	**Occupation**	**SITE**	**Initial Medical**	**Periodical medical**	**X-rays**	**5-in-1 drug test**	**Cannabis/Dagga**	**Induction training**	**Pregnancy test**	**Sugar test**	**Exit**	**Clearance**	**First Aid level 1**	**SAPFI**	**DOVER TEST**