



BUTTERCUP DISTRIBUTION T/A BAMBANANI OCCUPATIONAL HEALTH  
BOOKING FORM

Tel: 013 243 1141

E-Mail: redtickets@merc.za.net

Date: \_\_\_\_\_

Order Number: \_\_\_\_\_

Responsible person name: \_\_\_\_\_

Responsible person signature: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

Email address: \_\_\_\_\_

Medical Booking Date: \_\_\_\_\_

PLEASE MARK WITH A CROSS WHAT IS APPLICABLE TO THE EMPLOYEE AND INDICATE WHAT MEDICAL NEEDS TO BE DONE.

	Employee Name	ID/Passport Number	BOOKING DATE	DESIGNATION	DRUG TEST Mutli drug or Cannabis	KEYSTONE FOR Drivers, Operators, Technician, Electricians and Blasters	GENERAL WORKER SNELLEN EYE TEST	ISHIARA Colour vision/grey scale	MONTGOMERY working on heights	Wellness follow up Monthly Chronic R80,00	Please indicate if it is an Initial medical Periodical medical or Exit	DOVER
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												

The following must be attached to the booking form :

1. Copy of Id/Passport
2. Proof of payment/order number
3. Man Job Spec/ Annexure 3

Banking Details : Buttercup Distribution (PTY) LTD t/a Bambanani Occupational Health

ABSA-Account Number: 40 9846 5935

Branch Code: 632 005

Middelburg