REPUBLIC OF KENYA

MINISTRY OF LABOUR AND SOCIAL PROTECTION

STATE DEPARTMENT FOR LABOUR AND SKILLS DEVELOPMENT

DIRECTORATE OF OCCUPATIONAL SAFETY AND HEALTH SERVICES

DRAFT NATIONAL GUIDELINES FOR OCCUPATIONAL MEDICAL EXAMINATIONS.

JULY 2025

DISCLAIMER

This document is a **draft version** developed by the Directorate of Occupational Safety and Health Services (DOSHS), Ministry of Labour and Social Protection. It is currently circulated **solely for the purpose of public participation and stakeholder input**.

All feedback, comments, or questions should be submitted to:
doshsmedical@labour.go.ke
doshdept@labour.go.ke, doshdept@gmail.com

The final version will be developed after incorporating relevant inputs.

SUBMISSION FORMAT:

Instrument/Document	Clause Details	Suggested amendments	Justification/Comments

TABLE OF CONTENTS

i. LIST OF TABLES

ii. FOREWORD

iii. PREFACE

iv. ACKNOWLEDGEMENTS

1 CHAPTER ONE:

1.1 Introduction

This guideline provides a national framework for occupational medical examinations in Kenya, serving as a practical manual and checklist for employers, employees, and occupational health practitioners across all industries.

It draws on international best practices and regulations. The aim is to promote worker health and safety by establishing consistent procedures for pre-employment, periodic, return-to-work, and exit medical assessments, in line with the Occupational Safety and Health Act (OSHA) of Kenya and related national laws and statutes.

This framework emphasizes a proactive approach to preventing work-related injuries and illnesses, ensuring fitness for duty, and fulfilling legal obligations while respecting confidentiality and workers' rights.

1.2 Background

Occupational medical examinations are a critical component of workplace safety and health management. These examinations help assess workers' fitness for specific job roles, identify occupational health risks, and prevent work-related illnesses and injuries. In Kenya, the Directorate of Occupational Safety and Health Services (DOSHS) under the Ministry of Labour and Social Protection is responsible for ensuring compliance with occupational safety and health regulations, including medical surveillance and health assessments for workers across various industries.

The Occupational Safety and Health Act, 2007, and its subsidiary legislation mandate employers to provide a safe and healthy work environment. The Factories and other places of work (Medical Examinations Rules) 2005, is the specific regulation that guides on the conduct of

occupational medical examinations. As part of this obligation, occupational medical examinations serve to evaluate workers' physical and mental fitness for employment, monitor the impact of workplace exposures, and facilitate early detection of occupational diseases. These assessments are especially crucial in high-risk industries such as manufacturing, construction, transport, mining, and healthcare, where workers are exposed to hazardous substances, extreme conditions, and physically demanding tasks. On the other hand, it is important to acknowledge the changing world of work. The gig economy, platform workers and even remote working environments. Also, the emergence of new hazards and risk levels for instance the Nano materials posing catastrophic concerns on workers' health.

Despite existing regulations, there is a need for clear and standardized guidelines to ensure uniformity in the implementation of occupational medical examinations across workplaces in Kenya. These guidelines will provide employers, occupational health practitioners, and regulatory bodies with a structured framework for conducting medical assessments, interpreting results, and making informed decisions regarding workers' health and safety.

The development of these guidelines aligns with Kenya's commitment to improving occupational health standards, enhancing workplace productivity, and safeguarding workers' well-being. By establishing a structured approach to occupational medical examinations, the country can strengthen compliance with national and international occupational health standards, reduce work-related illnesses, and promote a healthier workforce.

1.3 Purpose of the guidelines

The purpose of these guidelines is to provide a structured framework for conducting occupational medical examinations in Kenya. They aim to ensure consistency, compliance, and best practices in assessing workers' fitness for duty, monitoring occupational health risks, and preventing work-related illnesses and injuries. They outline the standards and procedures for assessing workers' fitness for duty, monitoring occupational health risks, and ensuring compliance with occupational safety and health regulations.

Specifically, these guidelines seek to:

i. Standardize Occupational Medical Examinations – Establish clear procedures for pre-employment, periodic, and exit medical assessments across different industries.
ii. Enhance Worker Safety and Health – Identify, monitor, and mitigate occupational health risks associated with workplace exposures.
iii. Ensure Legal and Regulatory Compliance – Support employers and occupational health practitioners in adhering to the OSHA, 2007, 2007, and related regulations.
iv. Promote Early Detection and Prevention – Facilitate timely identification of occupational diseases and implementation of preventive measures.
v. Guide Employers and Occupational Health Practitioners – Provide clear roles and responsibilities for stakeholders in conducting medical examinations and managing workplace health data.

1.4 Scope

These guidelines apply to all workplaces in Kenya across various industries where applicable occupational medical examinations are required to safeguard worker health and safety. The Military standing instructions apply.

Specifically, the guidelines cover:

i. **Applicability** – These guidelines apply to employers, employees, occupational health practitioners, and other stakeholders involved in workplace health management.
ii. **Types of Occupational Medical Examinations** – Including pre-employment, periodic, job transfer, return-to-work, and exit medical examinations.
iii. **Key Occupational Health Risks** – Addressing hazards such as exposure to chemicals, dust, noise, vibration, ergonomic risks, biological agents, and other workplace-related health concerns.

iv. **Medical Testing and Assessment Criteria** – Guidelines on tests required for different occupations, including physical examinations, biological monitoring, and functional capacity assessments.

v. **Roles and Responsibilities** – Defining the duties of employers, employees, occupational health practitioners, and regulatory authorities in implementing medical examinations.

vi. **Legal and Regulatory Framework** – Aligning with the Occupational Safety and Health Act, 2007, and other relevant national and international standards.

vii. **Confidentiality and Data Management** – Ensuring ethical handling, storage, and use of workers' health information in compliance with privacy laws and medical ethics.

1.5 OBJECTIVES

i. **Objective 1:** To establish the scope of these guidelines by defining their applicability to employers, employees, occupational health practitioners, and other stakeholders engaged in workplace health management.

ii. **Objective 2:** To specify and standardize the various types of occupational medical examinations—including pre-employment, periodic, job-transfer, return-to-work, and exit assessments—required for monitoring worker health.

iii. **Objective 3:** To identify and encompass all high-risk industries—such as construction, manufacturing, transport, mining, healthcare, agriculture, and other sectors with significant hazard exposure—under the purview of these guidelines.

iv. **Objective 4:** To highlight and address key occupational health risks, including chemical, dust, noise, vibration, ergonomic, biological, and other workplace-related hazards that may compromise worker well-being.

v. **Objective 5:** To define the medical testing and assessment criteria appropriate for different occupations, covering physical examinations, biological monitoring, and functional capacity evaluations.

vi. **Objective 6:** To delineate the roles and responsibilities of employers, employees, occupational health practitioners, and regulatory authorities in planning, conducting, and overseeing occupational medical examinations.

vii. **Objective 7:** To ensure alignment with the Occupational Safety and Health Act, 2007, as well as relevant national and international standards, by embedding the legal and regulatory framework into these guidelines.

viii. **Objective 8:** To safeguard the confidentiality and integrity of workers' health information through ethical data management practices that comply with privacy legislation and medical-ethics principles.

2 CHAPTER TWO: LEGAL AND REGULATORY FRAMEWORK

These guidelines align with national laws, international best practices, and sector-specific regulations to ensure the protection of workers' health and safety.

2.1 Legal Framework

No.	Law/Policy/Instrument	Key Provisions Relevant to Occupational Medical Examinations
1	**The Constitution of Kenya (2010)**	❖ Guarantees the right to the highest attainable standard of health (Article 43). ❖ Forms the foundation for state responsibility in health and safety at work.
2	**Occupational Safety and Health Act (OSHA), 2007**	❖ Provides legal basis for workplace safety and health. ❖ Requires employers to assess health risks and ensure periodic medical examinations. ❖ Empowers DOSHS to supervise and enforce medical surveillance programmes.
3	**Work Injury Benefits Act (WIBA), 2007**	❖ Provides for compensation for injuries and diseases arising out of and in the course of employment. ❖ Mandates medical examinations for injury assessment and rehabilitation.

4	**Employment Act, 2007**	❖ Requires employers to ensure employees' health and welfare. ❖ Prohibits unfair termination based on health conditions. ❖ Supports fair treatment and medical assessments where capability is in question.
5	**Factories and Other Places of Work (Medical Examination) Rules, 2005**	❖ Requires medical examinations for workers in hazardous occupations. ❖ Specifies periodicity and scope of examinations. ❖ Mandates employer compliance and record-keeping.
6	**National Occupational Safety and Health Policy (2012)**	❖ Advocates integration of medical surveillance into workplace safety programs. ❖ Promotes early detection of occupational diseases and worker fitness assessments.
7	**Health Act, 2017**	❖ Establishes the framework for health systems governance. ❖ Upholds ethical standards in healthcare including informed consent and confidentiality in medical examinations.
8	**Data Protection Act, 2019 (DPA, 2019)**	❖ Regulates collection, processing, and storage of personal health data. ❖ Requires confidentiality and informed consent for health information, including results of medical examinations.

9	**Public Health Act (Cap. 242)**	❖ Provides for the prevention, control, and suppression of diseases in workplaces. ❖ Authorizes inspections and medical evaluations where health risks are suspected.
10	**Kenya Medical Practitioners and Dentists Act (Cap. 253)**	❖ Regulates professional conduct of medical practitioners.❖ Ensures only qualified and licensed professionals conduct occupational medical examinations.
11	**Leadership and Integrity Act, 2012**	❖ Reinforces ethical conduct and professionalism in public service.❖ Promotes transparency in issuance of medical fitness certificates.
12	**ILO Convention No. 161 – Occupational Health Services**	❖ Requires provision of occupational health services to workers.❖ Encourages regular health surveillance and maintenance of work ability.
13	**ILO Recommendation No. 171 – Occupational Health Services**	❖ Provides guidance on implementation of occupational health services.❖ Emphasizes preventive medical examinations and health monitoring of exposed workers.
14	**ILO Convention No. 155 – Occupational Safety and Health (1981)**	❖ Calls for national policies to ensure safe working environments.❖ Recommends periodic medical assessments based on hazard exposure.
15	**WHO Guidelines on Health Surveillance of Workers**	❖ Supports evidence-based protocols for occupational health monitoring.❖ Recommends ethical and scientific principles in conducting examinations.

- **Public Service Commission Regulations (2016)** – For civil servants and public officers.
- **Persons with Disabilities Act, 2025** – Protection against discrimination.

2.2 Duty of Care in Occupational Medical Examinations

Occupational medical examinations are a shared responsibility between employers, workers, and health practitioners to ensure a safe and healthy work environment, as required under OSHA, 2007.

2.2.1 Employer Responsibilities

Employers/occupiers are obligated to protect workers' health by implementing appropriate occupational health programs, including medical surveillance. Key responsibilities include:

- ✓ Organize pre-employment, periodic, return-to-work (RTW), and exit medical exams.
- ✓ Cover all costs related to mandatory medical assessments.
- ✓ Schedule exams during work hours to avoid loss of pay.
- ✓ Engage Designated Health Practitioners approved by DOSHS.
- ✓ Provide job-related risk information to the examining practitioner.
- ✓ Require participation in mandatory exams for hazardous roles.
- ✓ Act on medical recommendations (e.g. work modifications or reassignments).
- ✓ Keep medical records secure and confidential.
- ✓ Submit statutory reports to DOSHS within required timelines.
- ✓ Use aggregated medical data to enhance hazard controls.
- ✓ Share insights with health and safety committees for preventive actions.
- ✓ Train supervisors on handling medical fitness outcomes.
- ✓ Clearly communicate exam purposes and schedules to workers.
- ✓ Ensure all practices align with OSHA and relevant regulations.
- ✓ Stay updated on emerging occupational health risks and guidance.

2.2.2 Employee Responsibilities

Workers have a duty to protect their own health and cooperate with occupational health efforts. Their responsibilities include:

- ✓ Attend scheduled medical exams as required.
- ✓ Provide honest and complete medical information.
- ✓ Follow medical advice and work restrictions.
- ✓ Report work-related symptoms or hazardous exposures promptly.
- ✓ Consistently use PPE and follow safe work procedures.
- ✓ Adopt recommended health interventions (e.g. hearing protection, exercises).
- ✓ Inform occupational health staff of any conditions or medication affecting safety.
- ✓ Seek clarification when uncertain about health-related instructions.
- ✓ Understand their right to access medical results and maintain confidentiality.
- ✓ Provide feedback on the occupational health program through formal channels.

2.2.3 Occupational Health Practitioner Responsibilities

Occupational health professionals are responsible for ethical and competent delivery of examinations and medical advice. Their key roles include:

- ✓ Perform assessments based on job-related risks using approved protocols.
- ✓ Maintain up-to-date knowledge of occupational health standards.
- ✓ Provide impartial fitness-for-work decisions.
- ✓ Maintain strict confidentiality and obtain informed consent before sharing results.
- ✓ Maintain accurate individual medical files and complete statutory forms (e.g. Certificate of Fitness).

- ✓ Report occupational diseases and submit aggregated reports to DOSHS.
- ✓ Communicate findings clearly to workers and employers without breaching confidentiality.
- ✓ Advise on preventive actions based on examination trends.
- ✓ Provide immediate evaluation and intervention during health emergencies (e.g. chemical exposure incidents).
- ✓ Continuous Professional Development
- ✓ Renew DOSHS certification and stay updated with local and global occupational health guidance.

2.2.4 Regulatory Oversight

DOSHS and other regulators ensure compliance by:

- ✓ Accrediting designated practitioners.
- ✓ Reviewing submitted health reports.
- ✓ Conducting audits and inspections.
- ✓ Enforcing compliance with OSHA and WIBA provisions.
- ✓ Any other duties as per the mandate.

3 CHAPTER THREE: TYPES OF OCCUPATIONAL MEDICAL EXAMINATIONS

3.1 Pre-Employment Medical Examinations

Pre-employment medical examinations are health assessments conducted before an individual is formally hired or assigned to a specific job role. The purpose is to determine whether the prospective employee is medically fit to perform the duties of the job safely and effectively, without risk to themselves or others. These evaluations are essential in occupations with inherent physical, psychological, or environmental demands, and where the law or employer's policies require health clearance prior to deployment.

Pre-employment exams should not be used to unfairly discriminate against candidates, but to match the worker's health status with the demands and hazards of the job, and to ensure that appropriate adjustments or preventive measures are in place where necessary.

3.1.1 Objectives:

- To identify any medical conditions that may affect the ability to perform the job safely.
- To establish a baseline health record for future occupational surveillance (e.g. hearing, respiratory health, musculoskeletal status).
- To protect co-workers, clients, and the public from potential harm (e.g. infectious diseases, impaired vision/hearing in safety-sensitive roles).
- To inform decisions on job placement, reasonable accommodation, or exclusion from hazardous duties where necessary.

3.1.2 When to Conduct:

- Prior to hiring or deployment to a new role—especially in jobs with:
    - Safety-critical tasks (e.g. driving, operating machinery, working at heights)
    - Exposure to physical, chemical, or biological hazards
    - Requirements for high levels of physical fitness, vision, or sensory acuity
- When transitioning into a new job category with different health demands
- As part of legal or sectoral compliance (e.g. oil and gas, transport, healthcare)

3.1.3 Scope and Components:

The scope of the pre-employment examination is determined by:

- The nature of the job
- The occupational hazards involved
- Relevant legislation and industry standards
- The employer's risk assessment and job hazard analysis

Typical components may include:

- Medical history and lifestyle questionnaire
- Physical examination (general systems review, vital signs)
- Vision and hearing screening
- Musculoskeletal assessment
- Respiratory and cardiovascular evaluation (if job involves physical exertion or exposure)
- Mental health screening (where high cognitive or emotional demands exist)
- Laboratory tests (e.g. urine drug screening, complete blood count, infectious disease screening such as TB or Hepatitis B, where applicable)
- Fitness-to-work statement and certificate issued by an occupational health practitioner

3.1.4 Outcomes:

Based on the assessment, the occupational health provider issues one of the following:

- **Fit for employment** – no medical restrictions
- **Fit with conditions** – specific accommodations or work restrictions required
- **Unfit for the role** – if the risks to health or safety are unmanageable even with adjustments

Employers should receive only a fitness status report (fit/unfit/fit with conditions) and not full medical details. The final hiring decision must take into account legal protections, the possibility of accommodations, and fairness.

3.1.5 Documentation and Record-Keeping:

- Maintain a confidential medical file for each candidate assessed

- Store fitness certificates separately from personnel records

- Use the information only for the purpose intended (i.e. suitability for the job)
- Baseline health information gathered here can inform future medical surveillance, return-to-work decisions, or health promotion interventions

3.2 Periodic/Routine health assessments

Periodic or statutory medical examinations are scheduled health assessments conducted at regular intervals—typically annually—for workers exposed to specific occupational hazards. These evaluations are a cornerstone of occupational health surveillance and are designed to detect early signs of work-related illnesses, assess fitness to continue in a role, and inform necessary workplace interventions to prevent further harm.

3.2.1 Objectives:

- To monitor the health status of workers exposed to occupational risks (e.g. noise, chemicals, dust, biological agents, strenuous physical activity).
- To identify early signs of occupational diseases or health deterioration caused by work.
- To evaluate ongoing fitness to perform specific job tasks.
- To ensure continued compliance with statutory health surveillance requirements.
- To inform preventive and control measures in the workplace.

3.2.2 When is it Required:

- **Annually** (or as otherwise specified) for workers based on the hazards like;
    - High-risk sectors (e.g. mining, construction, manufacturing, transport, petroleum, healthcare)
    - Roles involving exposure to noise, silica, lead, asbestos, solvents, ionizing radiation, or other regulated hazards

    - Safety-sensitive positions (e.g. drivers, machine operators, confined space workers)
- **Following risk assessment** findings that recommend surveillance frequency based on the type and intensity of exposure.
- **As part of employment conditions** in sectors regulated under specific legislation (e.g. oil and gas, hazardous substances conditions, transport sector.)

3.2.3 Scope and Components:

The scope of the medical examination depends on the specific occupational exposures and risk factors. However, a **standard periodic medical exam** typically includes:

- **Update of medical and occupational history:** capturing any new symptoms, illnesses, or exposures since the last exam.
- **Physical examination:** with focus on body systems likely affected by job-specific hazards.
- **Functional tests**, such as:
    - **Audiometry** – for noise-exposed workers.
    - **Spirometry** – for those exposed to dust, fumes, or chemicals affecting respiratory health.
    - **Vision testing** – for drivers, machine operators, and those in roles requiring precision.
- **Laboratory tests**, such as:
    - Liver/kidney function tests for chemical exposure.
    - Blood lead levels or cholinesterase activity where relevant.
    - Urinalysis for early markers of systemic effects.
- **Psychosocial assessment** – where mental health risks or high stress roles are involved.
- **Ergonomic or musculoskeletal review**, particularly for workers in repetitive, manual, or posture-intensive tasks.

3.2.4 Fitness Classification:

At the end of the assessment, the examining occupational health practitioner issues a **Certificate of Fitness**, classifying the worker as:

- **Fit for work** – no restrictions
- **Fit with restrictions** – specific accommodations required (e.g. no heavy lifting)
- **Temporarily unfit** – may return after treatment or rest
- **Permanently unfit** – if the condition is incompatible with safe job performance

3.2.5 Documentation and Reporting:

- **Medical records**: Detailed clinical findings are kept confidential and stored securely by the occupational health provider.
- **Certificate of Fitness**: Issued to the employer, stating the worker's fitness status without disclosing specific diagnoses.
- **Statutory reports**: Employers must submit annual summaries of medical surveillance to **DOSHS**, and immediately notify any confirmed or suspected occupational disease.
- **Worker notification**: Each worker should be counseled on the results, and advised on any lifestyle or workplace changes needed.

3.2.6 Follow-Up and Referral:

- Workers with abnormal findings should be referred for further evaluation or treatment.
- If a condition is work-related, the worker must be guided on how to file a **compensation claim under WIBA**.
- In cases of repeat exposure or deterioration, the employer should consider job reassignment, additional protective measures, or environmental control upgrades.

3.2.7 Retention of Records:

- Medical surveillance records, including exposure and examination data, should be retained for **at least 30 years.**
- Employers/Occupiers should ensure secure transfer or retention of these records in case of company closure.

.

3.3 Return-to-Work Medical Evaluations

Return-to-Work (RTW) medical evaluations are assessments conducted when an employee is returning to work following a significant illness, injury, or extended medical leave. This is irrespective of whether the cause of illness is occupational or not. The purpose is to:

- Verify if the employee is medically fit to resume duties (with or without adjustments).
- Prevent risks to the employee and others in the workplace.
- Support safe reintegration through informed decision-making.

3.3.1 When is an RTW Evaluation Required?

RTW evaluations are generally necessary in the following scenarios:

1. **Extended Sick Leave**: Absence exceeding **60 consecutive days**. (Threshold may vary by organization, risk exposure, or legal requirements.)
2. **Serious Health Events**: E.g., heart attack, surgery, major trauma, or mental health crisis—especially in safety-critical or physically demanding roles.
3. **Recurrent or Chronic Illnesses**: Cases involving recurring health issues that may affect job performance or safety.
4. **Work-Related Injury or Illness**: Following recovery under the **Work Injury Benefits Act (WIBA)**, prior to claims closure or resumption of duties.
5. **Employee or Doctor-Initiated Requests**: If the worker or treating physician expresses concern about work readiness.

3.3.2 Scope and Assessment Process

RTW evaluations are job-specific and tailored to the medical condition involved. Key components include:

- Review of medical reports from treating healthcare providers.
- Assessment of job demands (physical, mental, sensory).
- Physical examination and functional testing, if needed (e.g., musculoskeletal assessment after a back injury).
- Fitness decision: Fully fit, fit with restrictions, or temporarily/permanently unfit.

The evaluation may also include infection control clearance (e.g., post-TB or COVID-19) to protect coworkers.

3.3.3 Fitness Categories

The outcome of the assessment typically includes:

- **Fit for full duty**: No adjustments required.
- **Fit with restrictions**: Temporary or permanent work modifications needed.
- **Temporarily unfit**: Not ready to resume duties—requires further recovery.
- **Permanently unfit for the role**: May trigger disability accommodation, redeployment, or ill-health retirement discussions.

3.3.4 Roles and Coordination

- **Occupational Health Provider**: Conducts the evaluation and issues the fitness report.
- **Employer**: Ensures reasonable accommodations are provided in compliance with the **Persons with Disabilities Act**, OSHA (2007), and WIBA.
- **HR and Line Managers**: Support implementation and monitoring of the return-to-work plan.
- **Employee**: Participates actively in planning and follow-up processes.

3.3.5 Return-to-Work Planning and Adjustments

Where applicable, a **Return-to-Work Plan** should be developed. This may include:

- Modified duties or tasks
- Reduced working hours (e.g., half shifts)
- Avoidance of specific tasks (e.g., lifting, driving)
- Provision of ergonomic aids or protective equipment
- Temporary reassignment to a lower-risk role
- Remote or hybrid work arrangements (where feasible)

3.3.6 Monitoring and Follow-Up

- Schedule a **review evaluation** after a defined period (e.g., 2–4 weeks).
- Monitor job performance and well-being.
- Adjust accommodations as needed based on progress.
- Document all medical clearances, workplace adjustments, and employee feedback.

3.3.7 Reporting and Documentation

- Maintain confidentiality of medical records.
- Share only work-related fitness information with supervisors/HR.
- Ensure RTW records are kept in accordance with the **DPA, 2019** and occupational health policies.

3.3.8 Return-to-Work Checklist

Task	Description
Trigger Point Identified	Monitor sick leave; initiate RTW for absences >60 days or serious illness.
Employee Communication	Inform employee of the RTW requirement and request medical documentation.
Job Description Review	Provide updated job duties and hazard information to examining doctor.
Medical Evaluation	Conduct targeted exam by OH practitioner; include fitness determination.
Decision on Fitness	Receive a fitness-for-work form: fit, fit with restrictions, or unfit.
Plan Adjustments	Develop RTW plan where needed. Involve employee in creating a workable solution.
Follow-Up Review	Conduct a follow-up evaluation to confirm recovery or update restrictions.

Documentation	Keep secure records of all steps and communications in the RTW process.

3.4 Exit Medical Examination

An **exit medical examination** is conducted when an employee is leaving employment or is being transferred away from a hazardous exposure. Its purpose is to:

- Assess the worker's health status at the end of employment or exposure,
- Identify any health changes that may have occurred during their tenure,
- Compare current health with baseline data (e.g. pre-employment medicals),
- Document any conditions potentially linked to occupational exposure,
- Support future compensation claims or benefit applications,
- Provide health guidance for the departing worker.

This is especially important for individuals who have worked with occupational hazards associated with long-term or latent health effects, such as chemicals, noise, dusts, or biological agents.

3.4.1 When is It Required?

Exit medicals should be an integral component of a **comprehensive occupational health surveillance program**. They are recommended:

- At the end of employment for workers who were enrolled in medical surveillance,
- When a worker is removed from a hazardous environment or redeployed,
- Where there has been known exposure to agents with chronic health risks (e.g. asbestos, lead, silica).

3.4.2 Scope of the Exit Medical Examination

The scope depends on the nature of the job and exposure. However, it generally mirrors a periodic medical examination and includes:

- **Updated Medical and Occupational History**:

    - Symptoms of occupational illness since last medical review (e.g. respiratory, auditory, dermatological issues),
    - Any new diagnoses made by other providers.
- **Physical Examination**:
    - Focused on organ systems likely to be affected by workplace exposures,
    - E.g. skin examination for chemical workers, chest examination for silica/asbestos workers, hearing assessment for noise-exposed workers.
- **Special Investigations**:
    - **Audiometry** for noise-exposed workers,
    - **Spirometry** and/or **chest X-ray** for respiratory hazards (e.g. asbestos, silica),
    - **Liver and kidney function tests** for chemical exposures,
    - Other relevant biological monitoring tests based on exposure (e.g. blood lead levels).
- **Health Counseling and Education**:
    - Workers should be advised on symptoms of concern and when to seek medical attention,
    - Provide printed materials or fact sheets where available,
    - Encourage ongoing medical monitoring post-employment (especially for hazards with long latency periods, such as asbestos).

3.4.3 Documentation and Notification

- **Health Status Certificate**:
    - A formal certificate should be issued to the worker, summarizing findings.
    - If no abnormalities are found, the certificate should state: *"No occupational health abnormalities detected at time of exit."*
    - If health issues are identified, especially those possibly work-related, this should be noted and explained to the worker.
- **Employer Notification**:
    - Management should be informed (in general terms) of any findings suggestive of occupational disease, while maintaining medical confidentiality.
    - Example: *"Employee displayed signs consistent with noise-induced hearing loss."*
    - Notification enables appropriate internal reporting and compliance with legal duties.
- **Regulatory Reporting**:
    - Conditions suspected to be work-related must be reported to DOSHS as notifiable occupational diseases under the **OSHA Third Schedule**.

    - The practitioner should submit a summary report and complete the required forms, including redeployment and fitness certificates, as applicable.
- **Record Retention**:
    - Medical and exposure records must be retained for at least **30 years**, particularly for those exposed to carcinogens or toxic agents.
    - If an organization ceases operation, arrangements should be made to transfer these records to DOSHS or a designated custodian to ensure future access.

3.4.4 Practical Implementation Checklist

✓ **Plan Ahead**:
Schedule the examination close to the last working day, especially for known exits (e.g. contract completion, retirement). For unplanned exits, offer the examination during the notice period.

✓ **Prepare Hazard Exposure Summary**:
Include details of:

- Type of hazards,
- Duration of exposure,
- Any prior medical surveillance findings.

✓ **Conduct Examination**:

- Update medical and work history,
- Perform focused clinical assessment,
- Carry out appropriate tests based on exposure.

✓ **Provide Health Education**:
Advise on:

- Long-term risks (e.g. mesothelioma after asbestos exposure),
- Ongoing surveillance needs,
- Access to future medical and exposure records.

✓ **Issue Health Certificate**:
Provide the worker with a formal exit statement, noting any relevant findings.

✓ **Notify Employer and DOSHS**:
Report any notifiable diseases and submit appropriate documentation.

✓ **Archive Records**:
Ensure long-term secure retention of medical and exposure records.

✓ **Support Post-Exit Claims**:
Remain available to provide records and relevant information if a former employee files a claim for an occupational disease discovered after exit.

3.5 Special examinations (e.g., after exposure to hazardous substances, legal directives)

These exams are conducted with a key focus on the reason raised. It can be done at any point in between the periodic and other types of examinations.

3.6 Retirement on Medical Grounds (Ill Health Retirement)

Retirement on medical grounds is the formal process of releasing an employee from service due to permanent incapacity to perform the essential duties of their job. This process must be fair, transparent, evidence-based, and compliant with relevant laws and ethical standards.

It involves medical assessment, consultation among key stakeholders, and alignment with internal HR procedures, pension scheme criteria, and applicable legal provisions such as the Employment Act, the Public Service Commission Regulations, and the Work Injury Benefits Act.

3.6.1 Eligibility Criteria

An employee may be considered for medical retirement if:

- They have a **certified permanent medical condition or disability** that significantly impairs their ability to perform the inherent requirements of their job.
- **Reasonable accommodations or redeployment options** have been exhausted or are not viable.
- They have undergone **at least two occupational medical assessments**, spaced out over a reasonable period (e.g., six months), with consistent findings indicating no significant improvement in work fitness.

3.6.2 Roles and Responsibilities

a) Occupational Health Practitioner

- Conducts an independent, comprehensive medical assessment.
- Reviews diagnosis, prognosis, functional limitations, and work demands.
- Determines if the condition meets the threshold for permanent incapacity under pension or employment law criteria.
- Recommends retirement only after verifying that all accommodations or rehabilitation efforts have been considered.
- Maintains professional independence and ensures medical opinions are impartial and ethically sound.

b) Employer

- Initiates and coordinates the referral for occupational health evaluation.
- Provides relevant job descriptions, performance history, and evidence of attempted accommodations.
- Ensures the process adheres to HR policies, legal requirements, and, where applicable, secures approvals from bodies such as the **Public Service Commission**.
- Facilitates communication with the employee and provides necessary documentation for pension claims or insurance benefits.

c) Employee

- Submits relevant medical records (directly or through their healthcare provider).
- Cooperates with the occupational medical evaluation process.
- Has the right to request an **independent second opinion** at their own cost.

3.6.3 Retirement Assessment Process

Step 1: Referral for Medical Evaluation

- Triggered by persistent illness, absenteeism, or observed deterioration in work capacity.
- Initiated by the employer or employee through HR or OSH channels.

Step 2: Occupational Medical Examination

- Performed by a designated occupational health specialist.
- Includes physical, psychological, and functional assessments aligned with the employee's job.
- May result in temporary restrictions, modified duties, or recommendation for referral to a medical board.

Step 3: Medical Board Review

- Convened by the **Directorate of Occupational Safety and Health Services (DOSHS)** or Ministry of Health through a designated facility.
- Composed of at least three independent medical practitioners.
- Reviews all available medical documentation and renders a recommendation on permanent incapacity.

Step 4: Final Determination

- Employer makes the final administrative decision based on medical board findings.
- For public service employees, the **Public Service Commission (PSC)** must approve the retirement before it becomes official.

3.6.4 Employee Rights and Support

- **Right to Appeal**: An employee may appeal the retirement decision within **30 days** of notification through an internal HR review panel or external tribunal such as the **Employment and Labour Relations Court**.
- **Confidentiality**: All medical information and decisions must be treated with strict confidentiality in compliance with the **Data Protection Act, 2019**.
- **Access to Benefits**: Employees found unfit for work must be supported in claiming applicable pensions or benefits through schemes such as **NSSF**, **Work Injury Benefits Act**, or the **Public Service Pension Scheme**.

- **Psychosocial Support**: The employer should provide counseling or referral for mental health and emotional support to the affected employee and their dependents.

3.6.5 Documentation and Records

All retirement cases on medical grounds must be comprehensively documented, including:

- Occupational medical reports
- Medical board recommendations
- Employer correspondence and approvals

These records must be securely retained for a **minimum of five (5) years**, in line with legal and ethical standards.

4 CHAPTER FOUR: PROCEDURE FOR CONDUCTING MEDICAL EXAMINATIONS

4.1 Scheduling and notification

The table below shows the stepwise procedure for conducting any form of medical examinations.

Step	Activity	Checklist Items
A. Request Initiation	Initiated by the Occupier	✓ ☐ Formal written request received ✓ ☐ Type of medical exam indicated
B. Site Inspection by DOSHS Medical Personnel / DHP	Pre-exam Review	☐ Site visit scheduled and conducted ☐ Risk Assessment Report reviewed ☐ Health & Safety Audit Report reviewed ☐ Hygiene Measurement Report reviewed ☐ Medical exam categories identified: ✓ ☐ Routine ✓ ☐ Pre-employment ✓ ☐ Annual/Periodic ✓ ☐ Exit ✓ ☐ Transfer ✓ ☐ Specific (Lead, Noise, etc.) ✓ ☐ Return to work
C. Agreement with the Occupier	Coordination & Planning	☐ Test selection confirmed (including lab work)

		☐ Date, time & venue confirmed (suitable for test conditions) ☐ Responsibilities assigned to DHP / Occupier / Workers ☐ Cost arrangements clarified (as per gazette guidelines)☐ Commitment documented via LPO, email, etc.
D. Notification via DOSHMIS	Formal Registration	☐ Medical examination notified via DOSHMIS ☐ Notification includes company name and exam date
E. On the Day of Medical Examination	Field Procedures	☐ Exam room assessed for privacy & confidentiality ☐ Workers briefed on process and purpose ☐ Consent forms signed (if required)
F. Reporting and Completion	Submission of Results	☐ Medical reports uploaded to DOSHMIS in official format ☐ Summary of findings (no individual diagnosis) shared with Occupier
G. DOSHS Review and Follow-Up	Regulatory Oversight	☐ Reports reviewed by DOSHS medical team ☐ Written feedback provided to both Occupier and DHP. ☐ Follow-up actions or recommendations tracked and documented

		☐ Compliance with feedback verified in subsequent inspections

4.2 Confidentiality of Medical Information

As per the DPA, 2019, health data is classified as sensitive personal data, imposing strict requirements on consent and confidentiality, which aligns with these principles. Health data are sensitive personal information, and mishandling them can lead to discrimination and a loss of trust. All stakeholders must ensure that an employee's medical details obtained from occupational exams are kept confidential and only used for the intended purpose of fitness evaluation.

i. **Separation of Records:** Employee medical records be kept in a **separate, confidential file**, apart from general personnel files. Access to these files should be limited to authorized personnel i.e. occupational health staff, dedicated HR health privacy officer.

ii. **Need-to-Know Disclosure:**

a. Supervisors and managers should only be informed about work restrictions or necessary accommodations, **not the underlying diagnosis**. For example, a supervisor may be told "Employee X should not work night shifts per medical advice" but should not be told "Employee X has epilepsy" unless the employee has given permission or it's absolutely necessary for safety.

b. First-aid or safety personnel may be informed if a worker has a condition that could require emergency attention (e.g. "this worker uses an inhaler for severe allergies"), but such information sharing should be limited to what is needed to respond to emergencies.

c. Regulatory authorities might request certain information. For example, DOSHS might need to see summary reports or investigate a disease report for the purposes of discharging its mandate.

iii. Worker's Consent and Rights:

a. Informed consent on the type of occupational health assessment. This should explain what information will be collected and who will receive the conclusions.

b. The employee has the right to access their own medical results and also a copy of their Certificate of Fitness, and in general they should be able to request and receive information on their health from the occupational health practitioner.

iv. Data Protection Laws: Kenya's Data Protection Act and global frameworks (like GDPR) impose obligations on how personal health data is stored, transferred, and protected. All parties should ensure compliance. For instance, securing electronic medical records with encryption, not emailing medical details without safeguards, and disposing of medical records securely when the retention period is over. If medical information is to be used in aggregate (e.g. a wellness program or statistical report), it must be anonymized so individuals cannot be identified.

v. Privacy in Practice: Confidentiality extends to the conduct of exams themselves. Examinations and discussions should occur in private settings. Results should be communicated to employees discretely. If a breach happens (like medical info accidentally leaked), the employer should take it seriously – investigate and mitigate any harm, and strengthen processes to prevent future occurrences.

4.3 Documentation and Record Management

Proper documentation is essential for continuity of care, legal compliance, and program evaluation.

a) **Individual Medical Records:** For each employee undergoing occupational health exams, a comprehensive record should be maintained. This record may include the initial pre-employment exam results, periodic exam forms, laboratory reports, X-ray and other test reports, certificates of fitness, correspondence related to work restrictions, and notes from any return-to-work or exit evaluations. The **designated health practitioner** enters results into each individual's medical record and updates it with each subsequent exam. This file essentially tracks the health of the worker throughout their employment and possibly beyond. It should be organized and legible, to allow any reviewing doctor in the future to understand the health trajectory.

b) **Summary Reports and Logs:** Employers should maintain a **health surveillance register** – a log of all employees under medical surveillance, with dates of exams and due dates for next exams. Summary data and report forms should be filled correctly.

c) **Retention Periods:** The international standard is to keep occupational health records for 30 years, particularly if they involve exposure to toxic substances. If the workplace no longer exists, plan for archiving and transfer of records as per existing laws.

d) **Security of Records:** Keep physical records in locked cabinets within a medical office. Limit key holders. For digital records, use password protection, access controls, and regular backups. Given rise of digital health records, consider software that logs who accessed a file and when, to audit any inappropriate access.

e) **Accuracy and Detail:** Documentation should be detailed enough to be useful. For example, "chest exam normal, lung function 90% of predicted, worker fit for continued exposure to silica" – such notes are more useful than just "exam OK." If an abnormality

is found, record what was done (e.g. “elevated blood lead, worker removed from exposure on 12/Dec, follow-up test scheduled”). This could be crucial information later for claims or medical follow-up.

f) **Worker Access and Updates:** Allow workers/employees to access their records. Also, f a worker moves to a new job, upon their written request, provide a copy or summary of their occupational health record to the new employer’s doctor (this can help continuity, e.g. knowing baseline hearing levels). Always get the worker’s consent before transferring records to third parties.

g) **Documentation of Decisions:** Keep records not just of clinical data, but of any administrative decisions: e.g. if a worker was given work modifications due to health, document the communication and agreement on that.

h) **Use in Prevention:** Data from these medical examinations can be used for decision making including preventative actions. E.g. Number of redeployments, cases of induced hearing loss.

5 CHAPTER FIVE: COMPONENTS OF THE MEDICAL EXAMINATION

The requirements of medical examinations depend on the nature of the hazardous exposures of workers. In general, the designated health practitioner shall take a detailed occupational and medical history, conduct a physical examination and prescribe a range of ancillary laboratory and/or radiological investigations.

5.1 Medical History Review

A comprehensive medical history is critical in detecting pre-existing conditions that could be aggravated by workplace exposures. It should capture the following sections:

	SECTION	DESCRIPTION EXAMPLES
1.	Occupational History	➢ Current and past jobs (duration, roles, and responsibilities). ➢ Workplace hazard exposures (chemicals, noise, dust, radiation, ergonomic stressors, psychosocial hazards). ➢ Use of personal protective equipment (PPE). ➢ History of occupational injuries or illnesses. ➢ Use of stimulants, hard drinks and drug abuse.

2.	General Medical History	➢ Chronic illnesses (e.g., diabetes, hypertension, cardiovascular disease). ➢ History of respiratory conditions (e.g., asthma, COPD, tuberculosis). ➢ Neurological disorders (e.g., epilepsy, migraines, stroke). ➢ Musculoskeletal issues (e.g., back pain, arthritis, repetitive strain injuries). ➢ Dermatological conditions (e.g., eczema, contact dermatitis, burns). ➢ Reproductive health (if relevant to workplace exposures, e.g., lead exposure, various chemicals).
3.	Exposure-Specific Hazard	➢ **Respiratory Hazards** (e.g., silica, asbestos, chemical fumes) → History of lung disease, smoking history. ➢ **Noise Exposure** → History of hearing loss, tinnitus, vertigo. ➢ **Chemical Exposure** → Allergies, history of poisoning, skin reactions. ➢ **Ergonomic Risks** → Musculoskeletal disorders, history of fractures. ➢ Psychosocial Hazards
4.	Medications and Allergies	➢ Current medications (including over-the-counter and herbal supplements). ➢ Known allergies (medications, workplace substances, food). ➢ Use of substances that may affect work performance (e.g., sedatives, alcohol).
5.	Lifestyle Factors	● Smoking, alcohol, and drug use. ● Physical activity level. ● Sleep patterns and fatigue-related issues.

6.	Family Medical History	• Genetic predisposition to conditions like cardiovascular disease, cancer, or diabetes.
7.	Important additional information	• similar complaints among other workers, the time relationship between work and symptoms, • And the relationship of illness to periods away from work. An estimate of the degree of exposure, and questions on the use of personal protective devices and methods of materials handling might also be helpful. • Relevant lifestyle factors, e.g., smoking, alcohol intake, drugs, and other non-occupational exposures, e.g., hobbies, should also be considered.

5.2 Physical Examination

The examiner should pay particular attention to specific body systems, organs, or physical signs that may indicate harmful effects of the exposures identified from occupational history. A brief or limited exam may be carried out; it should address at least the following:

	Body systems, Organs and Physical examinations components	Description
a.	Vital signs	● Pulse, Respiration, and Blood pressure ● Height, weight, body mass index
c.	Dermatological system	➢ **Skin Examination**: Inspection for lesions, rashes, color changes, and texture ➢ **Nail Examination**: Assessment of nail health and abnormalities ➢ **Hair Examination**: Evaluation of hair loss or scalp conditions

d.	Ears, eyes, nose, mouth, throat (ENT)	➢ **Eyes**: Visual acuity, pupil response, and fundoscopic examination ➢ **Ears**: Hearing tests and otoscopic examination ➢ **Nose**: Inspection for patency, discharge, and abnormalities ➢ **Mouth**: Oral cavity inspection, including teeth and gums ➢ **Throat**: Examination of the pharynx and tonsils
e.	Cardiovascular system	● **Heart Examination**: Auscultation for heart sounds, murmurs, and rhythm ● **Peripheral Pulses**: Assessment of pulse quality in extremities ● **Capillary Refill**: Evaluation of peripheral circulation
f.	Peripheral vascular system	● **Assessment of Extremities**: Inspection for edema, temperature, and color ● **Doppler Studies**: Evaluation of blood flow in peripheral arteries and veins
g.	Respiratory system	● **Lung Examination**: Auscultation for breath sounds, wheezing, or crackles ● **Respiratory Rate**: Measurement of breaths per minute ● **Oxygen Saturation**: Pulse oximetry to assess oxygen levels

h.	Gastrointestinal system	• **Abdominal Examination**: Inspection, palpation, percussion, and auscultation • **Bowel Sounds**: Assessment of intestinal activity • **Rectal Examination**: Evaluation for abnormalities
i.	Genitourinary system	• **Urinalysis**: Examination of urine for signs of infection or disease • **Pelvic Examination**: Assessment of reproductive organs (in females) • **Prostate Examination**: Digital rectal examination (in males)
j.	Endocrine and metabolic system	• **Thyroid Examination**: Palpation for enlargement or nodules • **Blood Glucose Levels**: Monitoring for diabetes • **Hormonal Assessments**: Evaluation of hormone levels as needed.
k.	Musculoskeletal system	• **Joint Examination**: Assessment of range of motion, swelling, and tenderness • **Muscle Strength Testing**: Evaluation of muscle function • **Posture and Gait Analysis**: Observation of body alignment and walking pattern

l.	Neurological system, peripheral and central	• **Cranial Nerve Examination**: Assessment of the 12 cranial nerves • **Reflex Testing**: Evaluation of deep tendon reflexes • **Coordination and Balance Tests**: Assessment of motor function
m.	Mental status	➢ **Cognitive Function**: Assessment of memory, attention, and orientation ➢ **Mood and Affect**: Evaluation of emotional state ➢ **Thought Process**: Assessment of coherence and logic in thought patterns

5.3 Functional and fitness assessments

There are five components of physical fitness:

a. body composition,
b. flexibility,
c. muscular strength,
d. muscular endurance, and
e. cardiorespiratory endurance

5.4 Specific tests based on occupational risks.

Requirements of Statutory Medical Examinations: This is a guide and not exhaustive list of what may be required for specific hazards and in different industries. The frequency may vary based on the context at hand.

In cases of various chemical or hazardous substances exposure, the guidance provided on the safety data sheet should inform the medical examinations to be conducted.

Industry	Industrial Process	Examples of Jobs	Medical Examinations	Frequency of Examinations
Construction	Site, decoration and maintenance work (exposure to noise)	Renovation worker, Maintenance worker, Bar bender and fixer, Bricklayer, Leveller, Plumber, Carpenter, Metal worker, Piling operator	General examination, audiometric test, lung function test	Once every 12 months (≥90dB(A)); Once every 24 months (85–89dB(A))
Construction	Site work (exposure to silica dust and noise)	Driller/borer, Excavator, Earthmoving machinery operator, Concretor, Compressed air worker, Asphalter	General examination, chest X-ray, audiometric test, lung function test	Once every 12 months (≥90dB(A)); Once every 24 months (85–89dB(A))
Construction	Path alignment with lasers	Surveying technician (land)	General examination, eye test	Once every 12 months
Construction	Spraying of MDI/TDI in	Carpenter (formwork)	General examination,	Once every 12 months

	construction of insulation walls		lung function test, full haemogram	
Construction	Painting (use of solvent containing benzene)	Painter	General examination, blood and urine tests	Once every 12 months
Construction	Welding (exposure to lead, cadmium, manganese, noise)	Welder	General examination, blood/urine test, lung function test, audiometric test	Once every 6 months (lead); Once every 12 months (≥90dB(A)); Once every 24 months (85–89dB(A))
Construction	Tar, pitch, bitumen application	Asphalter	General examination, full haemogram	Once every 12 months
Restaurant	Cooking with pressurized fuel burner (exposure to noise)	Cook	General examination, audiometric test	Once every 12 months (≥90dB(A)); Once every 24 months (85–89dB(A))
Battery Manufacturing	Use of toxic metals (cadmium, manganese, lead or mercury)	Dolly press worker	General examination, blood/urine test	Once every 12 months; For lead – once every 6 months
Beverage Industry	Packing/bottling (exposure to noise)	Packing/bottling worker	General examination, audiometric test	Once every 12 months (≥90dB(A)); Once every 24 months (85–89dB(A))
Car Repairing	Use of laser for alignment	Service mechanic	General examination, eye test	Once every 12 months
Car Repairing	Use of cleansing solvent containing benzene	Service mechanic	General examination, blood and urine tests	Once every 12 months

Cargo Transport	Mixing of MDI/TDI to form foam packing material	Packing and crating worker	General examination, lung function test	Once every 12 months
Electronics	Use of laser for engraving	Electronics technician	General examination, eye test	Once every 12 months
Electronics	Doping of arsine gas (exposure to arsenic)	Electronics technician	General examination, chest X-ray, urine test, lung function test	Once every 12 months
Electronics	Tin/lead soldering	Electronics technician	General examination, blood test	Once every 6 months
Furniture	Making foam	Foam moulding worker	General examination, lung function test	Once every 12 months
Furniture	Use of paints, lacquer, adhesive, and cleansing solvent containing benzene	Carpenter	General examination, blood and urine tests, lung function test	Once every 12 months
Garment Industry	Use of laser for alignment	Cutter / Cutting room operative	General examination, eye test	Once every 12 months
Garment Industry	Sewing (exposure to noise)	Sewing machine operator	General examination, audiometric test	Once every 12 months (≥90dB(A)); Once every 24 months (85–89dB(A))
Metals Industry	Welding, cutting alloy/coated article (cadmium, manganese, lead, noise)	Welder	General examination, blood/urine test, lung function test, audiometric test	Once every 6 months (lead); Once every 12 months (≥90dB(A)); Once every 24 months (85–89dB(A))

Metals Industry	Metal work (nuts, bolts, nails etc; exposure to noise)	Metal worker	General examination, audiometric test	Once every 12 months (≥90dB(A)); Once every 24 months (85–89dB(A))
Metals Industry	Use of cleansing solvent containing benzene	Metal worker	General examination, blood and urine tests	Once every 12 months
Metals Industry	Use of laser for engraving, cutting	Metal worker	General examination, eye test	Once every 12 months
Pesticide Industry	Handling of insecticides, fungicides, herbicides (arsenic, mercury, organophosphates)	Industrial pesticides worker	General examination, chest X-ray, blood/urine test	Once every 12 months; For organophosphates – once every 6 months
Plastics Industry	Mixing of pigments containing cadmium or lead	Plastics worker	General examination, blood/urine test, lung function test	Once every 12 months; For lead – once every 6 months
Plastics Industry	Manufacture of foam using TDI/MDI	Foam moulding worker	General examination, lung function test	Once every 12 months
Printing Industry	Use of cleansing solvent containing benzene	Printer	General examination, blood and urine tests	Once every 12 months
Printing Industry	Offset printing (exposure to noise)	Printer	General examination, audiometric test	Once every 12 months (≥90dB(A)); Once every 24 months (85–89dB(A))
Quarrying and Mining	Rock crushing, screening, loading (exposure to noise)	Quarry worker / Miner	General examination, audiometric	Once every 12 months (≥90dB(A));

			test, lung function test	Once every 24 months (85–89dB(A))
Shipbuilding and Repair	Welding/cutting of alloy (cadmium, lead, manganese, noise)	Welder	General examination, blood/urine test, audiometric test	Once every 6 months (lead); Once every 12 months (≥90dB(A)); Once every 24 months (85–89dB(A))
Shipbuilding and Repair	Metal work, grinding, sawing (exposure to noise)	Sheet and structural metal preparer	General examination, audiometric test	Once every 12 months (≥90dB(A)); Once every 24 months (85–89dB(A))
Shipbuilding and Repair	Painting (arsenic/mercury exposure)	Painter	General examination, urine test, chest X-ray, lung function test	Once every 12 months
Stone Work	Rock cutting, grinding, polishing (silica dust, noise)	Mason, Tombstone worker	General examination, chest X-ray, audiometric test, lung function test	Once every 12 months (≥90dB(A)); Once every 24 months (85–89dB(A))
Textile Industry	Opening, blowing, carding, spinning of raw cotton	Blowing room machine tender, Carding machine tender, Spinning machine tender	General examination, lung function test	Once every 12 months
Textile Industry	Weaving (exposure to noise)	Weaver	General examination, audiometric test	Once every 12 months (≥90dB(A)); Once every 24 months (85–89dB(A))

Toy Making	Use of MDI/TDI for foam moulding	Foam moulding worker / Mould maker	General examination, lung function test	Once every 12 months
Toy Making	Use of cleansing solvent containing benzene	Printing operator	General examination, blood and urine tests	Once every 12 months
Call Centres	Use of headphones	Customer service rep, Help desk agent, Telemarketer, Back office support, QA analyst	General physical exam, audiometry, laryngoscopy, vision screening, musculoskeletal evaluation	Once every 12 months, maybe more frequent based on context

Industry	Industrial Process	Examples of Jobs	Medical Examinations	Frequency of Examinations
Oil & Gas	Drilling and extraction (exposure to noise, hydrocarbons, H_2S gas)	Rig operator, Derrickman, Driller	General exam, audiometry, lung function test, chest X-ray, toxicology screening (hydrocarbons, H_2S)	Once every 12 months
Oil & Gas	Refining and petrochemical processing (benzene, toluene, heavy metals)	Process plant operator, Chemical engineer	General exam, blood/urine tests, liver function test, toxicology, ECG, phenol test	Once every 12 months
Oil & Gas	Working in confined spaces / offshore platforms	Maintenance technician, Safety officer	General exam, fitness to work, pulmonary function, cardiovascular assessment	Pre-placement, then once every 12 months
Oil & Gas	Fuel transport and storage (exposure to volatile compounds, driving fatigue)	Tanker driver, Fuel handler	General exam, toxicology, audiometry, vision test, liver/kidney function tests	Once every 12 months
Transport	Long-distance driving and cargo haulage	Truck driver, PSV driver, Courier rider	Vision test, hearing test, musculoskeletal and neurological exam, cardiovascular screening, substance abuse screening, RBS	Pre-placement, then once every 12 months
Transport	Operation of high-risk vehicles (construction or heavy transport)	Crane operator, Earthmover, Forklift operator	Vision, depth perception, reaction time test, general exam, substance abuse screening	Once every 12 months
Transport	Public transport (passenger service)	Matatu driver, Bus driver, Conductor	Vision test, hearing test, blood pressure, glucose test, mental health screening	Pre-placement and once every 12 months
Transport	Railway operations	Train driver, Signal controller	General exam, vision and hearing tests, neurological exam,	Once every 12 months

			cardiovascular fitness, alertness test	

5.5 Dealing with an Occupational Disease

The following steps should be considered, when an occupational disease is discovered:

i. Incident Investigation

- Investigate to establish the cause of exposure and deviation from standard.
- Initiate measures to identify employees from similar exposure profiles that may also have acquired the occupational disease.

ii. Risk Control:

- Implement the necessary hierarchy of controls that address the circumstances that led to the exposure.
- Establish education and training programme to re-emphasize the effects of exposure and the need for control measures

iii. Employee Care:

- If necessary, remove employee from ongoing exposure
- If necessary, provide necessary medical therapy and rehabilitation
- Establish a follow-up schedule to monitor the employee's progress into the future

iv. Communication:

- To affected individual, accompanied with counselling (Individual medical results)
- To management (whether worker fit to work and/or notified if worker has an occupational injury or disease)
- To DOSHS using the occupational Disease notification form and the injuries notification form as per WIBA 2007.

6 CHAPTER SIX: REVIEW MONITORING AND EVALUATION

These guidelines will be reviewed every five years or from time to time in keeping with emerging best practices in occupational medicine and legislative frameworks.

7 APPENDICES

7.1 ABBREVIATIONS

Acronym	Full Term	Description / Use
BEI	Biological Exposure Index	Guidance values for assessing chemical exposure based on biological monitoring results.
BMI	Body Mass Index	Used in general health and fitness-to-work assessments.
DOSH / DOSHS	Directorate of Occupational Safety and Health Services	Government directorate under the Ministry of Labour responsible for OSH enforcement in Kenya.
DPA 2019	Data Protection Act, 2019	Kenyan law that governs the collection, handling, and protection of personal data, including medical records.
ECG	Electrocardiogram	A heart function test often used in fitness-to-work medical examinations.
FBC	Full Blood Count	Routine blood test used to assess general health and detect disorders.
G6PD	Glucose-6-Phosphate Dehydrogenase	Blood enzyme test important in occupational health for certain exposures.
HRA	Health Risk Assessment	Workplace-specific assessment to determine exposure risks and guide medical surveillance.
H_2S	Hydrogen Sulphide	Toxic gas commonly encountered in oil, gas, and sewage treatment industries.
ILO	International Labour Organization	UN agency that develops global labour and OSH standards.
IRR	Ionizing Radiation Regulations	Regulations on protecting workers from occupational exposure to ionizing radiation.
LFTs	Liver Function Tests	Part of medical surveillance for workers exposed to hepatotoxic substances.
MDI / TDI	Methylene Diphenyl Diisocyanate / Toluene Diisocyanate	Industrial chemicals in foam/plastic manufacturing; respiratory sensitizers.

OPs	Organophosphates	Pesticide class requiring medical monitoring due to potential neurotoxicity.
OSHA 2007	Occupational Safety and Health Act, 2007	The principal Kenyan law governing occupational safety and health.
PPE	Personal Protective Equipment	Gear worn to minimize exposure to workplace hazards.
STEL	Short-Term Exposure Limit	Maximum exposure limit over a short time (e.g., 15 minutes).
TLV	Threshold Limit Value	Maximum airborne concentration of a substance a worker can be exposed to safely.
TWA	Time-Weighted Average	Average concentration of a hazardous substance over an 8-hour workday.
WIBA	Work Injury Benefits Act	Kenyan law that governs compensation for workers injured or made ill due to work.

7.2 Glossary of Key Terms

Term	Definition
Air Monitoring	The process of measuring the concentration of airborne hazardous chemical substances in the workplace environment. This is essential for evaluating worker exposure and the effectiveness of control measures.
Assessment	A structured programme undertaken to determine any risk from exposure to a hazardous chemical substance associated with workplace hazards. Its purpose is to identify appropriate actions to eliminate, reduce, or control such hazards.
Biological Exposure Index (BEI)	A reference value used as a guideline to evaluate potential health hazards. These are listed in Table 3 of Annexure 1 of relevant occupational health regulations and are updated periodically.
Biological Monitoring	The measurement and assessment of hazardous substances or their metabolites in tissues, secretions, excreta, or expired air of exposed workers to evaluate exposure and potential health risk. It complements air monitoring by assessing actual absorption.
Certificate of Fitness	A formal document issued by a designated health practitioner or medical officer indicating that a worker has been examined and is medically fit to perform specific job duties under given conditions. It is often a legal requirement for high-risk occupations.
Hazardous Chemical Substance (HCS)	Any chemical substance or mixture that is toxic, harmful, corrosive, or an asphyxiant, and meets either of the following: a) An occupational exposure limit is prescribed for it; or b) No exposure limit is prescribed, but it presents a health hazard.
Medical Board	A panel of registered medical practitioners convened to assess and recommend retirement on medical grounds.
Occupational Exposure Limit (OEL)	A legal limit set by the Minister for a specific stress factor (e.g., chemical or physical agent) in the workplace. These limits are published and revised from time to time via the Government Gazette.
OEL-CL (Control Limit)	A specific type of occupational exposure limit for hazardous chemical substances listed in Table 1 of Annexure 1 of the Hazardous Chemical Substances Regulations. It is a legally enforceable limit.
OEL-RL (Recommended Limit)	Another type of occupational exposure limit, found in Table 2 of Annexure 1, meant as a recommendation rather than a legal requirement. These are advisory values that guide best practices.

Permanent Incapacity	A medically determined condition with no foreseeable recovery that limits functional capacity relevant to the individual's job requirements.
Retirement on Medical Grounds	Termination of employment based on a certified permanent medical incapacity that renders an employee unfit to perform the duties of their position or any suitable alternative employment.

8 REFERENCES

1. Government of Kenya. (2005). *Factories and Other Places of Work (Medical Examination) Rules, 2005 (Legal Notice No. 24)*. Kenya Law Reports.
2. Government of Kenya. (2007). *Occupational Safety and Health Act (OSHA), No. 15 of 2007*. Kenya Law Reports.
3. Government of Kenya. (2019). *Data Protection Act, No. 24 of 2019*. Kenya Law Reports.
4. Health and Safety Executive. (n.d.). *Health surveillance*. United Kingdom Government. https://www.hse.gov.uk/health-surveillance/
5. International Labour Organization. (1985). *Occupational Health Services Convention, 1985 (No. 161)*. https://www.ilo.org/
6. Ministry of Manpower. (2011). *Workplace Safety and Health (Medical Examinations) Regulations*. Singapore Government. https://www.mom.gov.sg
7. Ontario Ministry of Labour. (n.d.). *Designated Substances: Guide to Medical Surveillance*. Government of Ontario. https://www.ontario.ca
8. Safe Work Australia. (n.d.). *Health Monitoring Guides*. https://www.safeworkaustralia.gov.au
9. South Australian Equal Opportunity Commission. (n.d.). *Equal Opportunity Guidelines on Pre-Employment Medicals*. Government of South Australia. https://www.eoc.sa.gov.au
10. U.S. Equal Employment Opportunity Commission. (n.d.). *Americans with Disabilities Act (ADA) and EEOC Guidance*. https://www.eeoc.gov
11. Canadian Centre for Occupational Health and Safety (CCOHS). (n.d.). *Fit to Work: Medical Evaluations*. https://www.ccohs.ca
12. Ogletree Deakins. (n.d.). *Protecting Employee Health Information: Employer Obligations under ADA and GINA*. https://www.ogletree.com
13. Government of Italy. (2008). *Legislative Decree No. 81/2008: Testo Unico Sicurezza sul Lavoro*. Italian Official Gazette.

******* END******