MV/RT/220

RioTinto SimFer	HSEC Management System	Doc. No.	HSEC_FOR 031030
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		Reviser:	Sofiane Chebli
		Approved by:	John Perry
		Approval date:	21/11/2023

Simandou Project
Medical Assessment_Annual_International

PRIVACY NOTICE:

Simfer SA is a member of the Rio Tinto Group and is committed to protecting the health and safety of our workforce. Medical assessment and approval is required prior to travelling to Guinea for the Simandou Project

The medical assessment must be conducted at an approved Clinic and results submitted to the Simfer Medical Team at simfermedicalteam@riotinto.com for review and approval.

For ongoing health surveillance, and as per the Guinean labour law, an annual medical examination is required. The personal data requested on this form includes detailed health information about you and is required for the purposes of:

- determining if you are still fit to work on the Simandou project.
- ensuring your vaccinations are up to date.
- Identifying any medical condition that may have arisen since joining the Simandou project and any assessing any occupational implications.

The purpose of requiring this information is because working in Guinea poses significant health risks. This includes limited access to medical facilities and services, exposure to a range of vector borne and infectious diseases, and delays in medical evacuation should it be required. These factors may impact your health and especially if you have a pre-existing medical condition.

Your personal data will be processed by the Simfer Medical Team for the Simandou Project. If there are medical abnormalities noticed on your assessment form, the Simfer Medical Team may share your personal data with an external doctor engaged to provide services to Rio Tinto. Your personal data will not be shared with anyone else unless you require urgent medical treatment and/or need to be evacuated because you have a serious medical problem. In such circumstances your personal data may need to be shared with the Rio Tinto Health team or other health professionals providing services to Rio Tinto such as International SOS, or your insurance provider (on a strictly 'need to know' basis).

Rio Tinto relies on its legitimate interests to process this personal data relating to you, and specifically its interest in ensuring workplace health and safety. If you are a Rio Tinto employee based in a country where your consent is needed in order to collect your personal data or your health information or both, Rio Tinto relies on your consent to do so. Your personal data will be retained for the period that you are assigned to the Simandou project, after which time it will be archived for a two-year period and then securely deleted.

Under the Rio Tinto Data Privacy Standard (available from https://www.riotinto.com/sustainability/policies) you have data privacy rights, including the right to seek access to or rectification of records containing your personal data and to be provided with information data processing. To exercise data subject rights described in the Data Privacy Standard, please contact Simfermedicalteam@riotinto.com or email askE&C@riotinto.com.

Acknowledgement and Consent: I confirm that I have read this Privacy Notice and that I agree to the processing of my personal data (including my health information) as described above. I also understand that processing of my personal data (including my health information) may be undertaken where necessary to comply with Rio Tinto's legal obligations and that where processing of my personal data (including my health information) is based on my consent, I can withdraw that consent by notifying Simfermedicalteam@riotinto.com

Print Name: DANA SETVAK	Signature: P/o	Date: 21/10/2024

CONFIDENTIAL

The completed Form is to be emailed to the Simfer Medical Team: Simfermedicalteam@riotinto.com

1- PERSONAL INFORMATION: to be completed by the Applicant:

First and Last Name	DANA SETVAK		Date of Birth	23-02-1961
Nationality	FRENCH			
Company	RT			
Indicate Job/Position	OPERTION MANAGER CAMGA			
Purpose of the travel	WORK			
Home address	SOUTH-AFRICA			
Home Phone		Mobile Phone	+27834228683	
Passport /ID Number	6102230232181	Expiry Date	N/A	
Email	olana.setvak@gmail.com			
Emergency Contact	Name	DR RACHID		
	Phones	622513440		
	Email			

2- HEALTH QUESTIONNAIRE: To be completed by the Applicant

Complete all questions truthfully. If answered "YES" – please provide further details in the comments section.

Have you ever had or are you currently suffering from any of the following conditions?

1.	**Family History (Parents)**	YES	NO
Heart Disease or High Blood Pressure		☐	☒
Epilepsy or Convulsions		☐	☒
Glaucoma or Blindness		☐	☒
Diabetes Mellitus (sugar sickness)		☐	☒
Cancer / Blood Disease		☐	☒
Hereditary Disease / Congenital Abnormalities		☐	☒
Respiratory Diseases (Pneumonia, Pneumoconiosis, TB, Asthma)		☐	☒
Provide further comment for items marked "YES"			

2.	**Medical History**	YES	NO
2.1	**Central Nervous System**		
Frequent or Severe Headaches / Migraine		☐	☒
Dizziness, blackouts, or Unsteadiness		☐	☒
Head Injury / Concussion / Unconsciousness		☐	☒
Epilepsy or fits if any kind		☐	☒
Any Mental / Psychological Disorder / Phobia		☐	☒

2.2	**Cardiovascular System**		
Heart Disorders e.g., Rheumatic fever, heart murmur, shortness of breath, palpitations, chest pains, angina, or heart attack		☐	☒
High blood pressure, high cholesterol or circulatory disorder including a stroke, cramps in the calves with exercise		☐	☒
2.3	**Lower Respiratory System**		
Asthma /Chronic Cough / Pneumoconiosis		☐	☒
Tuberculosis or Pneumonia		☐	☒
2.4	**Upper Respiratory System**		
ENT (Ear, Nose & Throat) disorders		☐	☒
Hearing or Speech Disorders		☐	☒
2.5	**Dermatology / Muscular Skeletal System**		
Malignant Tumours or Cancer		☐	☒
Skin Disorders (Psoriasis, Eczema, Acne)		☐	☒
Disease of Muscle, Bone, Joints, back		☐	☒
2.6	**Urinary & Reproductive System**		
Kidney Stone or Urinary Infections		☐	☒
Prostate / Gynaecological Problems		☐	☒
Are you pregnant (females only)		☐	☐
2.7	**Abdominal**		
Heartburn, Frequent Indigestion		☐	☒
Stomach, Liver, or Intestinal trouble		☐	☒
Bleeding from the Rectum		☐	☒
2.8	**Endocrine**		
Diabetes Mellitus (sugar sickness)		☐	☒
Thyroid disease, glandular disorder,		☐	☒
Blood Diseases		☐	☒
2.9	**Gynaecology- Obstetrics (Female applicants only)**		
Are you pregnant?		☐	☐
If yes, please indicate the age of pregnancy:			
Any pregnancy complications?		☐	☐
2.10	**Others**		
Admission to hospital for any reason		☐	☒
Any Surgery / Operation		☐	☒
Any tropical disease e.g., bilharzias or malaria		☐	☒
Eye problems		☐	☒
Any teeth problems		☐	☒
Any auto-immune disorders		☐	☒
Blood coagulation disorders		☐	☒
Organ Transplant		☐	☒
Cancer, growth, or tumour of any kind		☐	☒
Do you think your current workplace may be affecting your health?		☐	☒
Unexplained Weight-loss or Grain		☐	☒

Provide further comment for items marked "YES"			

3.	Social History	YES	NO
Alcohol		☑	☐
If yes, how many grams per week (10g = 1 can beer = 1 glass wine = 1 glass/nip spirit)			
1 Can beer / week			
Recreational drugs		☐	☒
If yes, please specify:			
Exercise, sport		☐	☒
If yes, please provide type and frequency?			
Smoking:	Never	☑	☐
	Ex Smoker	☐	☒
	Smoker	☐	☒
If Smoker, how many cigarettes per day			

4.	Medication
Please state the type and dosages of all medications you are taking	

5.	Allergies
Please state if you have any allergies:	
Food:	
Medication:	
Chemical:	
Other:	

APPLICANT'S STATEMENT:

I hereby declare that the answers to all questions are to the best of my knowledge correct and that I have not withheld any information regarding my past or present health.

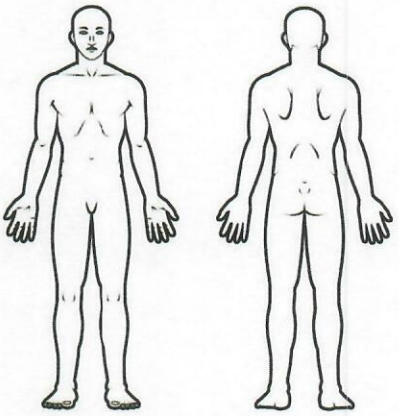
Print Name: Signature: Date: 8/10

4- PHYSICAL EXAMINATION:

To be completed by the examining doctor Careful examination of all systems is requested, and all sections should be completed.

Height 170	Cm	Ft	Weight 90	Kg	Lbs
BMI (body mass Index)	26.2		Temperature 36.3	°C ☒	°F ☐
Blood pressure	133/80		Respiratory rate: 23 cycls		
Pulse rate	89 puls.		Pulse rhythm	Regular ☒	Irregular ☐

	Normal	Abnormal
Eyes	☒	☐
Ear, Nose and Throat	☒	☐
Teath and Mouth	☒	☐
Respiratory	☒	☐
Cardiovascular	☒	☐
Abdominal	☒	☐
Musculoskeletal	☒	☐
Extremities	☒	☐
Genitourinary	☒	☐



Comments on clinical findings:

5- LABORATORY ANALYSIS:

Please submit the results of any tests as attachment if not captured in this form

BLOOD TESTS:

Total blood count	☒ Normal	☐ Abnormal:
Fasting blood sugar	☒ Normal	☐ Abnormal:
Urea	☒ Normal	☐ Abnormal:
Creatinine	☒ Normal	☐ Abnormal:
Bilirubin	☒ Normal	☐ Abnormal:
Cholesterol (Total, HDL, LDL)	☒ Normal	☐ Abnormal:
Triglycerides	☒ Normal	☐ Abnormal:

RESTING ECG (if clinically indicated). Please attached the ECG strip.

Findings: ☐ Normal ☐ Abnormal:

VISION EXAMINATION:

Vision:	Without Spectacles		With Spectacles	Colour Vision: ☒ Normal ☑ Red/Green ☐ Other
	Far	Near		
Right	6/ 10/10	6/ 10/10	6/	Visual Fields: ☑ Normal ☐ Abnormal
Left	6/ 10/10	6/ 10/10	6/	

SPIROMETRY: (for job positions that require it) otherwise every 2 years. Please attach full report

	FVC	**FEV 1**	**FEV %**
Measured			
Predicted			
% Predicted			
Refer if FEV 1 /FVC ratio > 70%			
Comment in full on all abnormalities			

AUDIOMETRY: (if exposed to noise > 85 dB) every 2 years

Please attach the full audiogram report

	Normal	**Abnormal**	**Comment**
Left Ear	☒	☐	
Right Ear	☒	☐	
PLH: **%**			

VACCINATION:

Guinea is a high-risk country for several infectious and tropical diseases. **Please indicate the vaccination status of the applicant and any administered vaccine.** A copy of the "International Certificate of Vaccination Booklet" or "The Immunization Record Card" must be attached to this form. Please outline the role and importance of vaccinations. If a vaccination is refused, please indicate in the comments section below.

Vaccination	Immune	Date	Comments
Mandatory:			
Yellow Fever	☐		
Highly recommended:			
Covid 19	☐		
Hepatitis A	☐		
Hepatitis B	☐		
Tetanus	☐		
Polio	☐		
Typhoid	☐		
Meningococcal	☐		
Diphtheria	☐		
Rabies*	☐		

(*) Highly recommended to applicants who may be in contact with wildlife as part of their work nature.

Statement: *to be signed by the Applicant if they decline a vaccination*

"I hereby declare that I declined the administration of the vaccine(s) stated above, after I was made aware of their recommendation and considering Guinea's high epidemiological risk profile. My decision was made after I received all the information related to the vaccine"

Print Name: Signature: Date:

MALARIA CHEMOPROPHYLAXIS

Malaria chemoprophylaxis is highly recommended.

Please provide general information on preventive measures to avoid mosquito bites and how to recognise early signs of Malaria. Please prescribe sufficient medication to cover the duration of stay in Guinea.

☐ Malarone	☐ Prescribed
☐ Doxycycline	☒ Procured
☐ Other	☐ Declined