MV/GPC/476

Simandou project
Medical Assessment_Long stay_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.

The personal data requested on this form (**your personal data**) includes detailed health information about you and is required for the purposes of:

- determining if you are fit for travel to Guinea and work on Simandou project.
- providing you with appropriate medical care if needed whilst you are in Guinea.
- ensuring you have all the mandatory vaccinations.
- ensuring you have been advised and offered the highly recommended vaccinations.
- ensuring you have been advised that malaria chemoprophylaxis is highly recommended.

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 [illegible].

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: TRAORE BOUBACAR	Signature:	Date: 19/09/2024

Simandou project
Medical Assessment_Long stay_International

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	TRAORE BOUBACAR		Date of Birth	16/12/1973
Nationality	MALIENNE			
Employer	GPC			
Indicate Job/Position	OPERATEUR			
Purpose of the travel				
Home address	AEROPORT			
Home Phone		Mobile Phone	622985524	
Passport /ID Number		Expiry Date		
Email				
Emergency Contact	Name	KANE YAGOUBA		
	Phones	611007254		
	Email	KIPE		

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) that may prevent the use of work clothing or PPE		☐	☒
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)			
Recreational drugs		☐	☒
If yes, please specify:			
Exercise, sport		☒	☐
If yes, please provide type and frequency? marche			
Smoking:	Never	☒	☐
	Ex Smoker	☐	☒
	Smoker	☐	☒
If Smoker, how many cigarettes per day			
4 Psychological Screening		**YES**	**NO**
Have you ever been advised not to work on heights, do shift work, night work, or any kind of work		☒	☐
Do you or did you ever have any nervous or mental complaint, e.g. Epilepsy, Blackouts, Dizzy spells, Episodes of sudden weakness, anxiety or Depression		☐	☒
Have you ever been referred to a specialist, particularly a psychologist or psychiatrist or any other health professional for medical evaluation, opinion or treatment involving your mental functions or emotional state		☐	☒
Do you have a fear of heights or enclosed spaces		☐	☒
Are you aware of any other problems that could affect your ability to safely perform expected duties working on heights / in enclosed spaces		☐	☒
Have you been informed of tasks you are expected to perform and safety requirements for working on heights / in enclosed spaces		☐	☒
Have you ever attempted suicide or had suicidal thoughts		☐	☒

Do you often feel sad, depressed, or hopeless	☐	☑
Do you often have thoughts that are not your own, e.g.: message from the gods, devil or evil spirits	☐	☑
Do you consider yourself to have special powers, e.g.: you can fly without any wings or help	☐	☒
Do you often feel irritable; feel that everything is an effort	☐	☒
Do you often feel nervous, or have no control over your worries	☐	☒
Are you known to start arguments	☐	☒
Do you often feel restless or on the edge	☐	☒
Provide further comment for items marked "YES"		

5.	**Respiratory/ TB Questionnaire**	YES	NO
	Do you usually cough first thing in the morning	☐	☒
	Do you usually cough during the day or night	☐	☑
	Do you usually bring up any phlegm during the day or night	☐	☒
	Have you ever coughed up blood	☐	☑
	Does your chest ever feel tight, or your breathing become difficult	☐	☒
	Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill	☐	☑
	Is your breathlessness worse on any day	☐	☒
	Does your chest ever sound wheezy or whistling	☐	☒
	During the past 3 years have you had any chest illness which kept you away from your usual duties for as much as a week	☐	☒
	Have you ever had an injury or operation affecting your chest	☐	☒
	Have you ever had heart trouble	☐	☒
	Have you ever had Bronchitis, Pneumonia, Pleurisy	☐	☒
	Have you ever had Pulmonary Tuberculosis, Asthma, or other respiratory condition	☐	☒
	Provide further comment for items marked "YES"		

6	**Medication**
Please state the type and dosages of all medications you are currently taking	

7	**Allergies**

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

3- OCCUPATIONAL HEALTH QUESTIONNAIRE:

Have you been in a job where you have been exposed to:					
Exposure agent			Date/ Duration of exposure	Protection used	
	YES	**NO**		**YES**	**NO**
Chemicals	☐	☐		☐	☐
If "YES" please specify					
Noise	☒	☐		☒	☐
Vibrations	☒	☐		☒	☐
Radiation	☐	☐		☐	☐
Biological	☐	☐		☐	☐
Asbestos Dust	☐	☐		☐	☐
Lead exposure	☐	☐		☐	☐
Other Dust (silica, coal, gold, diamond)	☐	☐		☐	☐
If a protection was used for the above hazards, please specify.					
Have you been absent from work in the last year?				☐	☒
If yes, for how long and what were the causes?					
Have you ever had a work-related injury or illness or worker's compensation claim? If yes, please state:				☐	☒
The cause (s) of the illness or injury					
The medical treatment which you undertook and / or continue to undertake					
Do you continue to suffer from the effects of a work-related injury or illness: YES NO **If you do, state the symptoms that you continue to suffer:**					
Do you continue to suffer from the effects of a work-related injury or illness:				☐	☒
If you do, state the symptoms that you continue to suffer:					
Does the nature of your work involve the following?				YES	NO

Driving heavy earthmoving equipment	☒	☐
Repetitive lifting/ bending	☐	☒
Working on surface in light physical duties	☐	☒
Prolonged standing posture	☐	☒
Passengers' vehicle driving	☐	☒
Office work	☐	☒
Confined Space	☐	☒
Working at heights	☐	☒
In contact with wildlife	☐	☒
Working Offshore	☐	☒
Working underground	☐	☒
Hot work area	☐	☒

APPLICANT'S STATEMENT:

I 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.

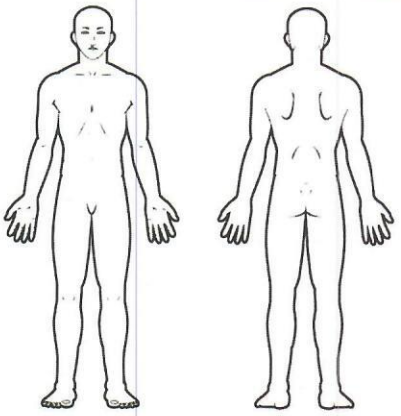
Print Name: TRAORÉ BOUBACAR Signature: Date: 18/09/2024

4- PHYSICAL EXAMINATION:

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

Height 168	cm	Ft	Weight 64 kg	Kg	Lbs
BMI (body mass Index)	22,7		Temperature 36,5	°C	°F
Blood pressure	12,9/90		Respiratory rate:	23 cycl	
Pulse rate	98 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- VISION EXAMINATION:

Vision:	Without Spectacles		With Spectacles	Colour Vision:
	Far	Near		☒ Normal ☐ Red/Green ☐ Other
Right	6/ 9/10	6/ 9/10	6/	Visual Fields:

Left	6/	6/	6/	☐ Normal	☐ Abnormal

6- LABORATORY ANALYSIS:

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

BLOOD GROUP
Test if not already known

snip O Rh Positif

URINALYSIS:

Glucose	NEANT	Absence	Blood	NEANT	Absence
Bilirubin	NEANT	Absence	Leucocyts	NEANT	Absence
Ketone	NEANT	Absence	Protein	NEANT	Absence

BLOOD TESTS:

Total blood count	☒ Normal	☐ Abnormal:
Electrolytes	☒ 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:
ALAT- ASAT	☒ Normal	☐ Abnormal:
Gamma GT	☒ Normal	☐ Abnormal:
CRP	☒ Normal	☐ Abnormal:

URINE DRUG SCREENING:

Amphetamines	☒ Negative	☐ Positive
benzodiazepines	☒ Negative	☐ Positive
cannabinoids	☒ Negative	☐ Positive
opiates	☒ Negative	☐ Positive
Cocaine	☒ Negative	☐ Positive

CHEST X RAY

Findings:
☐ Normal
☐ Abnormal:

RESTING ECG (Please attached the ECG strip).

Findings:
☐ Normal
☐ Abnormal:

STRESS ECG (if clinically indicated)

Findings:
☐ Normal
☐ Abnormal:

SPIROMETRY: Please attach the full report

	FVC	FEV 1	FEV %
Measured			
Predicted			
% Predicted			
Refer if FEV 1 /FVC ratio < 70%			

Comment in full on any abnormalities

AUDIOMETRY: Please attach the audiogram

	Normal	Abnormal	Comment

Left Ear	☒	☐	
Right Ear	☒	☐	
PLH:	%		

VACCINATION:

The Applicant will be traveling to Guinea, West Africa. It 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

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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