

SimFer

## **HSEC Management** System

MV/WELHY/206

Doc. No.	HSEC_FOR 031023		
Version:	1.0		
Reviser:	Sofiane Chebli		
Approved by:	John Perry		
Approval date:	21/11/2023		



## 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 twoyear 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: TARIK AITSAI

Signature:

Date: 02/07/2024



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## 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.

PERSONAL INFORMA				Date of Birth	13/11/1975
First and Last Name	TARIK AITS	6AI			
Nationality	ALGERIENN	ALGERIENNE			
Employer	WELHY-CIS	}			
Indicate Job/Position	CAMPS BC	SS-H/KEEPIN			
Purpose of the travel	PRE-EMBA	UHE			
Home address	CANGA			C4200066#	-
Home Phone	***************************************		Mobile Phone	61200866	
Passport /ID Number	308263523		Expiry Date	05/11/2032	
Email	aitsai@well	hy-cis.com			
	Name	Dr TOUPOU			
Emergency Contact	Phones	620013702			
	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?

	ou ever had of are you currently state of	YES	NO
1.	Family History (Parents)		×
Heart D	Disease or High Blood Pressure		TX.
pileps	sy or Convulsions		P
Glauco	oma or Blindness		R
Diabete	es Mellitus (sugar sickness)		N
Cance	r / Blood Disease		B
Heredi	itary Disease / Congenital Abnormalities		R
Respir	ratory Diseases (Pneumonia, Pneumoconiosis, TB, Asthma)		
PIONI			
1000	ide further comment for items marked "YES"	VES	NO.
		YES	NO.
2.	Medical History  Central Nervous System	YES	NO.



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Frequent or Severe Headaches / Migraine Dizziness, biackouts, 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, cheat pains, angina, or heart attack High blood pressure, high cholesterol or circulatory disorder including a stroke, cramps in the calves with exercise exercise  2.3 Lower Respiratory System  Asthma / Chronic Cough / Pneumoconiosis Tuberculosis or Pneumonia 2.4 Upper Respiratory System  ENT (Ear, Nose & Throat) disorders Hoaring or Speech Disorders  2.5 Dermatology / Muscular Skeletal System  Malignant Tumours or Cancer Sikin 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 Sione or Urinary Infections  Prostate / Gynaecological Problems  Are you pregnant (females only)  2.7 Abdominal  Hearthum, Frequent Indigestion  Stomach, Liver, or Intestinal trouble  Bileeding from the Rectum  2.8 Endocrine  Diabetes Mellitus (sugar sickness) Thyroid diseases  2.9 Gynaecology- Obstetrics (Female applicants only)  Are you pregnant (females only)  1 If yes, please indicate the age of pregnancy:  Any pregnancy complications?  2.10 Others  Admission to hospital for any reason  Any Surgery / Operation  Any Uropleal disease e.g., biliharzias or malaria		Wiedical Assessment		1
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 (Psorlasis, 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 / Gynacological Problems Are you pregnant (females only) 2.7 Abdominal  Heartburn, Frequent Indigestion  Stomach, Liver, or Intestinal trouble  Bileeding from the Rectum  Diabetes Melitus (sugar sickness) Thryroid disease, glandular disorder,  Biload Disease  Jake Heartburn, Frequent Indigestion  Thryroid disease, glandular disorder,  Biload Disease  Jake Heartburn, Frequent Indigestion  Thryroid disease, glandular disorder,  Biload Disease  Jake Heartburn, Frequent Indigestion  Thryroid disease, glandular disorder,  Biload Disease  Jake Heartburn, Frequent Indigestion  Are you pregnant?  If yes, please indicate the age of pregnancy:  Any Surgery / Operation		1 - Cause Headaches / Migraine		AL.
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ik your current workplace may be affecting your health?  Id Weight-loss or Grain  In their comment for items marked "YES"  Id Weight-loss or Grain  In their comment for items marked "YES"  Id Weight-loss or Grain  In their comment for items marked "YES"  In their comment for items marked for items marked for items for it	100			
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rither comment for items marked "YES"    Cial History				
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w many grams per week (10g = 1 can beer = 1 glass wine = 1 glass/nip spirit)  mail drugs ase specify:  sport ase provide type and frequency?    Never	3.	Social History		
ase specify:  sport ase provide type and frequency?    Never	Alcoho		Ш	X
ase specify:  sport ase provide type and frequency?    Never	f yes.	how many grams per week (10g = 1 can beer = 1 glass wine = 1 glass/nip spirit)		
ase specify:  sport ase provide type and frequency?    Never	,,	-		Kh
sport ase provide type and frequency?    Never	Recre	ational drugs		M
Never		please specify:		
sport ase provide type and frequency?    Never				- CAL
Never  Ex Smoker  Tr., how many cigarettes per day  Psychological Screening  Lever been advised not to work on heights, do shift work, night work, or any kind of work or did you ever have any nervous or mental complaint, e.g. Epilepsy, Blackouts, Dizzy spells, or of sudden weakness, anxiety or Depression  Lever been referred to a specialist, particularly a psychologist or psychiatrist or any other health onal for medical evaluation, opinion or treatment involving your mental functions or emotional state have a fear of heights or enclosed spaces  aware of any other problems that could affect your ability to safely perform expected duties working on the informed of tasks you are expected to perform and safety requirements for working on heights onesed spaces	Exerc	ise, sport		7
Ex Smoker  Psychological Screening  Lever been advised not to work on heights, do shift work, night work, or any kind of work or did you ever have any nervous or mental complaint, e.g. Epilepsy, Blackouts, Dizzy spells, of sudden weakness, anxiety or Depression  Lever been referred to a specialist, particularly a psychologist or psychiatrist or any other health onal for medical evaluation, opinion or treatment involving your mental functions or emotional state have a fear of heights or enclosed spaces  Lever been referred to a specialist, particularly a psychologist or psychiatrist or any other health onal for medical evaluation, opinion or treatment involving your mental functions or emotional state have a fear of heights or enclosed spaces  Lever been referred to a specialist, particularly a psychologist or psychiatrist or any other health onal for medical evaluation, opinion or treatment involving your mental functions or emotional state have a fear of heights or enclosed spaces  Lever been referred to a specialist, particularly a psychologist or psychiatrist or any other health onal for medical evaluation, opinion or treatment involving your mental functions or emotional state have a fear of heights or enclosed spaces  Lever been referred to a specialist, particularly a psychologist or psychiatrist or any other health onal for medical evaluation, opinion or treatment involving your mental functions or emotional state on the fear of heights or enclosed spaces  Lever been referred to a specialist, particularly a psychologist or psychiatrist or any other health onal fear of heights or enclosed spaces  Lever been referred to a specialist, particularly a psychologist or psychiatrist or any other health onal fear of heights or enclosed spaces	If yes			<b>67</b> 1
Ex Smoker  Smoker  Psychological Screening  Lever been advised not to work on heights, do shift work, night work, or any kind of work  For did you ever have any nervous or mental complaint, e.g. Epilepsy, Blackouts, Dizzy spells, or sof sudden weakness, anxiety or Depression  For ever been referred to a specialist, particularly a psychologist or psychiatrist or any other health ponal for medical evaluation, opinion or treatment involving your mental functions or emotional state have a fear of heights or enclosed spaces  For every specific problems that could affect your ability to safely perform expected duties working on the problems that could affect your ability to safely perform expected duties working on the problems that could affect your ability to safely perform expected duties working on the problems that could affect your ability to safely perform expected duties working on the problems that could affect your ability to safely perform expected duties working on the problems that could affect your ability to safely perform expected duties working on the problems that could affect your ability to safely perform expected duties working on the problems that could affect your ability to safely perform expected duties working on the problems that could affect your ability to safely perform expected duties working on the problems that could affect your ability to safely perform expected duties working on the problems that could affect your ability to safely perform expected duties working on the problems that could affect your ability to safely perform expected duties working on the problems that could affect your ability to safely perform expected duties working on the problems that you are expected to perform and safety requirements for working on heights on the problems that you are expected to perform and safety requirements for working on the problems that you are expected to perform and safety requirements for working on the problems that you are expected to perform any are expected to perform any are	Smok	ring:		
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u ever been advised not to work on heights, do shift work, night work, or any kind of work or did you ever have any nervous or mental complaint, e.g. Epilepsy, Blackouts, Dizzy spells, s of sudden weakness, anxiety or Depression u ever been referred to a specialist, particularly a psychologist or psychiatrist or any other health onal for medical evaluation, opinion or treatment involving your mental functions or emotional state onave a fear of heights or enclosed spaces aware of any other problems that could affect your ability to safely perform expected duties working onts / in enclosed spaces ou been informed of tasks you are expected to perform and safety requirements for working on heights osed spaces	4	Psychological Screening		
or did you ever have any nervous or mental complaint, e.g. Epilepsy, Blackouts, Dizzy spells, is of sudden weakness, anxiety or Depression on the ever been referred to a specialist, particularly a psychologist or psychiatrist or any other health onal for medical evaluation, opinion or treatment involving your mental functions or emotional state have a fear of heights or enclosed spaces aware of any other problems that could affect your ability to safely perform expected duties working to been informed of tasks you are expected to perform and safety requirements for working on heights onesed spaces	Have	were ever been advised not to work on heights, do shift work, night work, or any kind of work		
s of sudden weakness, anxiety or Depression  we ever been referred to a specialist, particularly a psychologist or psychiatrist or any other health  conal for medical evaluation, opinion or treatment involving your mental functions or emotional state  have a fear of heights or enclosed spaces  aware of any other problems that could affect your ability to safely perform expected duties working  ants / in enclosed spaces  by been informed of tasks you are expected to perform and safety requirements for working on heights  cosed spaces	Do v	you or did you ever have any nervous or mental complaint, e.g. Epilepsy, Blackouts, Dizzy spells,		(A
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aware of any other problems that could affect your ability to safely perform expected duties working that / in enclosed spaces ou been informed of tasks you are expected to perform and safety requirements for working on heights losed spaces		Developing a fear of heights or enclosed spaces		
nts / in enclosed spaces but been informed of tasks you are expected to perform and safety requirements for working on heights cosed spaces	D			×
bu been informed of tasks you are expected to perform and safety requirements for working of neights losed spaces		you aware of any other problems that could affect your ability to safely perform expected duties working		
osed spaces ou ever attempted suicide or had suicidal thoughts	Do y	you aware of any other problems that could affect your ability to safely perform expected duties working		
ou ever attempted suicide or had suicidal thoughts	Do y Are on h	you aware of any other problems that could affect your ability to safely perform expected duties working neights / in enclosed spaces e you been informed of tasks you are expected to perform and safety requirements for working on heights		KO
	Do y Are on h Hav	you aware of any other problems that could affect your ability to safely perform expected duties working neights / in enclosed spaces re you been informed of tasks you are expected to perform and safety requirements for working on heights enclosed spaces		



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	Medical Acceptances		
De vou effe	en feel sad, depressed, or hopeless		K
Do you offe	en have thoughts that are not your own, e.g.: message from the gods, devil or evil spirits		国
o you on	nsider yourself to have special powers, e.g.: you can fly without any wings or help		P
	en feel irritable; feel that everything is an effort		P
	en feel nervous, or have no control over your worries		A
			R
	nown to start arguments		R
	en feel restless or on the edge urther comment for items marked "YES"		
		YES	NO
5. R	espiratory/ TB Questionnaire		
Do you us	sually cough first thing in the morning		K
	sually cough during the day or night		K
Do you us	sually bring up any phlegm during the day or night		
	ever coughed up blood		X
Does vou	r chest ever feel tight, or your breathing become difficult		Q
Are you t	roubled by shortness of breath when hurrying on level ground or walking up a slight hill		R
	reathlessness worse on any day		N. A.
Door voi	r chest ever sound wheezy or whistling		
During th	ne past 3 years have you had any chest illness which kept you away from your usual duties for as		
much as			IN
Have you	u ever had an injury or operation affecting your chest		
	u ever had heart trouble		
	u ever had Bronchitis, Pneumonia, Pleurisy		
Have vo	u ever had Pulmonary Tuberculosis, Asthma, or other respiratory condition		N N
Provide	further comment for items marked "YES"		
6	Medication		
Please	state the type and dosages of all medications you are currently taking		
	Nothing		
7	Allergies		



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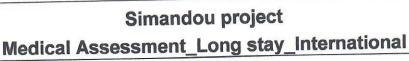


Please state if you have any allergies:								
Food:								
Medication:					-			
Chemical:								
Other:								
3- OCCUPATIONAL HEALTH QUESTION								
Have you been in a job where you have bee	n expose	d to:						
Exposure agent			Date/ Duration of exposure	Protectio				
	YES	NO		YES	NO			
Chemicals		A						
If "YES" please specify								
Noise		[Z						
Vibrations		N						
Radiation		DE						
Biological		103						
Asbestos Dust		R						
Lead exposure		DATE:						
Other Dust (silica, coal, gold, diamond)								
If a protection was used for the above haza	rds, pleas	e specif	у.		1			
Have you been absent from work in the last					×			
If yes, for how long and what were the caus	es?							
Have you ever had a work-related injury or	illness or	worker's	s compensation claim? If yes,		K			
please state: The cause (s) of the illness or injury	v constant distant							
The sauce (c) of the minese of myany								
The medical treatment which you undertoo	k and / or	continu	e 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 fo	llowina?			YES	NOX			





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Driving heavy earthmoving equipment		R
		R
Repetitive lifting/ bending		
Working on surface in light physical duties		XI.
Prolonged standing posture		DK.
Passengers' vehicle driving		Ø.
Office work	76	
		M
Confined Space		1 Pal
Working at heights	П	<b>D</b> -
In contact with wildlife		
		P
Working Offshore		7
Working underground		-
Hot work area		A

APPLICANT'S STATEME	NT:	
I declare that the answe	rs to all questions are to the best of a regarding my past or present healt	my knowledge correct and that I have not th.
Print Name:	Signature:	Date:

rz Jullet 2024



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# Simandou project Medical Assessment\_Long stay\_International

#### 4- PHYSICAL EXAMINATION:

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

Height 166 cm	Ft	Weight	67	Kg	Lbs
BMI (body mass Index) 24,3.		Temperature	36/6	°C	°F
Blood pressure 133/	82 mmHs	Respiratory rat	e: (	16	Cycles
Pulse rate	do bom	Pulse rhythm		Regular	U   Irregular □
T GIOO TOLO	Jon Spin				
		A1			
	Normal	Abnormal	(a, a	)	<b>{</b> }
Eyes	D)			5	
Ear, Nose and Throat	本		111	31	12
Teath and Mouth		Ø	//) -	(1)	$M \cap M$
Respiratory			all y	115 6	
Cardiovascular	Þ		"und \	will the	
Abdominal		×	)(		) () (
Musculoskeletal	DZ			\	1/1/
Extremities	20		23		71 17
Genitourinary	<b>P</b>		1		
Comments on clinical findings:	Hernie or	mbilical	le.		

#### 5- VISION EXAMINATION:

Vision:	Without Spe	Without Spectacles		Colour Vision:	Ekp. Woman	Other
	Far	Near	Spectacles	Normal	Red/Green	
Right	61 10/10	615/10	6/	Visual Fields:		



SimFer

### HSEC Management System

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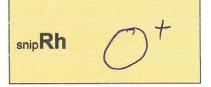
## Simandou project Medical Assessment\_Long stay\_International

Left	20/10	6/5/10	6/	Normal	☐ Abnormal	

•		-	-	-	-			1010-
6-	LA	B	UK.	AI	UKY	AN	IAL	YSIS:

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

BLOOD GROUP
Test if not already known



#### **URINALYSIS:**

Glucose	Near	Blood	Neant.
Bilirubin	NEON	Leucocyts	Néant,
Ketone	Néo	Protein	Noant

#### **BLOOD TESTS:**

Total blood count	Normal	Abnormal:
Electrolytes	Normal 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:**





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



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## Simandou project Medical Assessment\_Long stay\_International

	Weulcal Ass	essillellt_r	.ong stay_interi	idelolia.
HEST X RAY				
Findings:				
□ Normal				
☐ Abnormal:				
RESTING ECG	(Please attached the ECG strip	o).		
Findings:				
☐ Normal				
☐ Abnormal:				
STRESS ECG	(if clinically indicated)			
Findings:				
□ Normal				
☐ Abnormal:				
SPIROMETRY	: Please attach the full report			
		FVC	FEV 1	FEV %
Measured		4,42	442	100,00
Predicted		1 86	3,55	81,64
% Predicted		103,27	125,93	122,53
Refer if FEV 1 /F	FVC ratio < 70%		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Comment in	full on any abnormalities			
ALIDIOMETRY	Y: Please attach the audiogra	m		

Normal

Comment

Abnormal



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## Simandou project Medical Assessment\_Long stay\_International

Right Ear  PLH: %  //ACCINATION:  The Applicant will be traveling to Guinea, West Africa. It is a high-risk country for so diseases. Please indicate the vaccination status of the applicant and any ad A copy of the "International Certificate of Vaccination Booklet" or "The Immuniz attached to this form. Please outline the role and importance of vaccinations. If a vindicate in the comments section below.  Vaccination Immune Date Comments  Mandatory:  Yellow Fever Date Comments  Highly recommended:  Covid 19 Date Comments  Hepatitis A Date Comments  Fetanus Date Comments  Polio Date Comments  Fetanus Date Comments	
The Applicant will be traveling to Guinea, West Africa. It is a high-risk country for some diseases. Please indicate the vaccination status of the applicant and any ad A copy of the "International Certificate of Vaccination Booklet" or "The Immuniz attached to this form. Please outline the role and importance of vaccinations. If a vindicate in the comments section below.  Vaccination Immune Date Comments  Mandatory:  Yellow Fever Highly recommended:  Covid 19 Hepatitis A Hepatitis B Tetanus Polic  Typhoid Meningococcal Diphtheria Rabies*  Thighly 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) state aware of their recommendation and considering Guinea's high epidemiologic was made after I received all the information related to the vaccine"	
The Applicant will be traveling to Guinea, West Africa. It is a high-risk country for so diseases. Please indicate the vaccination status of the applicant and any ad A copy of the "International Certificate of Vaccination Booklet" or "The Immuniz attached to this form. Please outline the role and importance of vaccinations. If a vindicate in the comments section below.  Vaccination Immune Date Comments  Mandatory:  Yellow Fever Highly recommended:  Covid 19 Hepatitis A Hepatitis B	
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Mandatory:  Yellow Fever	ministered vaccine. ation Record Card" must be
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) state aware of their recommendation and considering Guinea's high epidemiologic was made after I received all the information related to the vaccine"	
Covid 19  Hepatitis A  Hepatitis B  Tetanus  Polio  Typhoid  Meningococcal  Diphtheria  Rabies*  Thighly 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) states aware of their recommendation and considering Guinea's high epidemiologic was made after I received all the information related to the vaccine'	
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) state aware of their recommendation and considering Guinea's high epidemiologic was made after I received all the information related to the vaccine'	
Hepatitis B  Tetanus  Polio  Typhoid  Meningococcal  Diphtheria  Rabies*  Thighly 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  Thereby declare that I declined the administration of the vaccine(s) state aware of their recommendation and considering Guinea's high epidemiologic was made after I received all the information related to the vaccine"	
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  Hereby declare that I declined the administration of the vaccine(s) state aware of their recommendation and considering Guinea's high epidemiologic was made after I received all the information related to the vaccine"	
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  Hereby declare that I declined the administration of the vaccine(s) state aware of their recommendation and considering Guinea's high epidemiologic was made after I received all the information related to the vaccine"	
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  Hereby declare that I declined the administration of the vaccine(s) state aware of their recommendation and considering Guinea's high epidemiologic was made after I received all the information related to the vaccine"	
Meningococcal  Diphtheria  Rabies*  Diphtheria  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  Thereby declare that I declined the administration of the vaccine(s) state aware of their recommendation and considering Guinea's high epidemiologic was made after I received all the information related to the vaccine"	
Diphtheria  Rabies*  Diphtheria  Rabies*  Diphtheria  Rabies*  Diphtheria  Rabies*  Diphtheria  Rabies*  Rabies*  Diphtheria  Rabies*  Diphtheria  Rabies*  Rabies*  Diphtheria  Rabies*  Rabies*  Statement: to be signed by the Applicant if they decline a vaccination  If hereby declare that I declined the administration of the vaccine(s) state aware of their recommendation and considering Guinea's high epidemiologic was made after I received all the information related to the vaccine''	
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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.



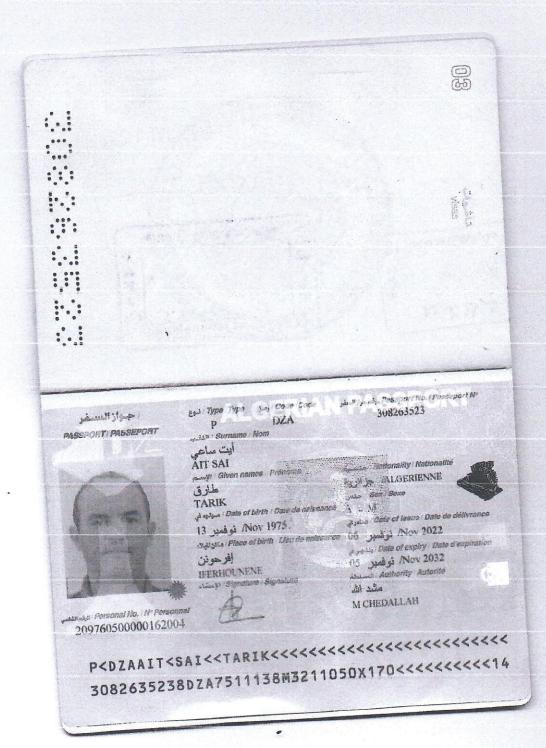
SimFer

### HSEC Management System

Doc. No.	HSEC FOR 031023
Version:	1.0
Reviser:	Sofiane Chebli
Approved by:	John Perry
Approval date:	21/11/2023



Malarone	☐ Prescribed
Doxycycline	☐ Procured
☐ Other	☐ Declined



Sec.