

NAME: _____ PROJECT SITE: TMEP - Gainford COMPANY NAME: CORD DATE: _____

I consent to my health information being recorded on this form for the purposes of reducing the spread of COVID-19. I understand that Worley will securely retain this information for 14 days, at which time the information and this form will be destroyed. The information is collected under the authority of FOIP section 33 (c) and used solely for the purposes of determining fitness for work during the COVID-19 pandemic.

All personnel are expected to follow all current government restrictions and COVID-19 best practices during their off hours from work. These practices are designed to minimize the risk of contracting COVID-19 and it's variants. Keeping work locations COVID free means that we can all continue working. If you feel unwell, do not come to work.

Please send this completed form to your site supervision prior to travelling to office or project location.

In the last 14 days, have you:

- | | | |
|--|---|---|
| • Previously tested positive for COVID-19 or been recommended to self-isolate by a health professional? | Y | N |
| • Been notified that you are a close contact of a confirmed case of COVID-19 by AHS / BCCDC / Your Employer / Someone who tested positive for COVID-19 | Y | N |
| • Had close contact* with someone who has been deemed a close contact of a confirmed case. | Y | N |
| • Been notified that you were connected to an outbreak by AHS / BCCDC/ Your Employer / Event Organizer? | Y | N |
| • Travelled outside of Canada or had close contact* with someone with flu like symptoms who returned from travel outside of Canada? | Y | N |

*For close contact definition - Please see your local authority having jurisdiction

Have you had any of these symptoms in the last 10 days?

New cough or worsening of chronic cough, new or worsening shortness of breath or difficulty breathing, fever (oral 38.0°C / ear 38.3°C), sore throat, runny nose or severe chest pain? Y N

Chronic health conditions that you are having difficulty managing because of your current respiratory illness? Y N

Have you had any of these symptoms in the last 72 hours?

Stuffy nose, painful swallowing, headache, chills, muscle or joint aches, feeling unwell in general, new fatigue or severe exhaustion, gastrointestinal symptoms, loss of sense of smell or taste, or pink eye? Y N

If you answered yes to any of the above questions, do not come to work. Call your supervisor, complete the provincial online COVID-19 Assessment and follow directions from the local health authority.

Testing and Isolation

Have you completed the recommended self isolation period and are free of COVID-19 symptoms for a minimum of 72 hrs.; or received a negative test result? Y N/A

Travel

Have you travelled commercially in the past 14 days (by air or bus)? Y N

Have you been to another Worley location in the last 7 days? (aside from your regular work location)