Health Screening Questionnaire

We care about the safety and wellbeing of all our employees, contractor partners and visitors who work or travel to Rio Tinto sites and office. As part of our response to the evolving coronavirus situation, we are taking steps across the business to minimize potential transmission and mitigate the impact of the outbreak.

All employees, contractors or visitors to any Rio Tinto facilities are required to respond to the following questions if:

1. New to site.
2. Returning from extended absence beyond normally scheduled days away, including travel from another country or working remotely.
3. Recently have felt unwell with COVID-19 symptoms.

Or, as determined by security or management.

Entry will be denied if the person refuses to respond to the questionnaire.

Name: ________________________________ Phone: ____________ Email: _____________

Company:  ____________________________

Your responses must be honest to help us care for you and others.

Do you have, or have you had in past the 14 days, one or more of the following symptoms?

1) Fever $\geq$ 99.1°F (37.3°C) YES / NO
2) Cough YES / NO
3) Shortness of breath YES / NO
4) Muscle pain or fatigue YES / NO
5) Sputum YES / NO
6) Headache YES / NO
7) Diarrhea YES / NO
8) Other flu-like symptoms YES / NO

Have you been exposed to the COVID-19 via:

9) Close Contact (within about six feet) with a confirmed or suspected case of Coronavirus (COVID-19)

          YES / NO

10) Have you visited an area where an outbreak of COVID-19 has occurred? For example international travel to an area with CDC level 3 travel notice, cruise ship travel, or to an area within the US with community spread.

          YES / NO

If YES, where: ______________________________

PLEASE SEE REVERSE AND COMPLETE OTHER SIDE
Please refer to the list of countries with a CDC level 3 travel notice, where a COVID-19 outbreak has occurred.

For example: Mainland China, Hong Kong, Taiwan, South Korea, Europe.

*The above list might change based on CDC guidelines*

**If the answer to question 9 is YES or the individual has been to one of the countries with a CDC level 3 travel notice, please do the following:**

<table>
<thead>
<tr>
<th></th>
<th>On-Site</th>
<th>Off-Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employees</td>
<td>Make arrangements for the employee to leave site and advise them to contact their health care provider. Inform Kellie Moss (801 599-0322) or Dan Cummings (801 419-4137) and send them scanned copy of this form.</td>
<td>Inform the employee not to come to work and advise them to contact their health care provider. Inform Kellie Moss (801 599-0322) or Dan Cummings (801 419-4137) and send them scanned copy of this form.</td>
</tr>
<tr>
<td>Contractors / Visitors / Vendors</td>
<td>Make arrangements for the person to leave site and inform the RTK site contact. Advise them to follow their company protocols.</td>
<td>Inform the person not to come to site and advise them to follow their company protocols.</td>
</tr>
</tbody>
</table>

Please take a statement of any persons the individual might have been in close contact with and the locations visited onsite.

**IF the person answered YES to any of questions 1 through 8 and NO to questions 9 and they have not visited any of the countries on the CDC level 3 travel notice list, please advise them not to return to site until they have been symptom free for 24 hrs.**