

COVID-19 SCREENING QUESTIONNAIRE AND CASE REPORT FORM

PLEASE COMPLETE AND RETURN TO DENOVO HSSE.

EMAIL ADDRESS: <u>HSSE@DENOVO.ENERGY</u>

All persons requiring DeNovo sites access, shall submit a COVID – 19 Screening Questionnaire and Case Reporting Form 24hrs. before arrival at site. In addition, all persons will be subjected to COVID – 19 screening on arrival.

DENOVO CONTACT/REPRESENTATIVE INFORMATION

Name			Date (DD/MM/YY)	
Tel. Contact No.			Email	
Department				
DeNovo Facility:	I DeNovo Place 🗆	GPU 🗆	lguana NUI \Box	Zandolie 🗆

Date of Visit (DD/MM/YY):

Purpose of visit:

PERSONAL INFOMATION

Name	Date of Birth (DD/MM/YY)	
Gender	Tel. Contact No.	
Place of Residence (City/Town and Country)	Email	
Company	Nationality	
National ID	Emergency Tel. Contact*	

*Who should we contact in the event you experience a medical emergency. (e.g. NOK, Company Representative, Line Manager or Supervisor)

1. Please list ALL countries visited in within the last twenty-one (21) days (if applicable):

	Country	Date of Visit		Country	Date of Visit
I			3		
2			4		



- 2. Have you been tested for COVID 19 within the last (21) days? Yes D No D
 - a. If you answered "**Yes**" to question two (2) please provide details below:

Test Type	Test Location	Date of Testing	Reasons for Testing	

3. Have you visited or been in contact with / exposed to individuals testing positive for COVID19 /persons exhibiting any of the symptoms of the virus (21) days? Yes ⊠ No □

If yes, state particulars _____

4. Have you been in contact with / exposed to individuals that may have been in contact with individuals testing positive for COVID19 /persons exhibiting any of the symptoms of the virus within the last twenty-one (21) days? Yes D No D

If yes, state particulars _____

5. Are you or any members of your family exhibiting any of the symptoms of the virus? (Tick Yes or No for applicable symptoms):

Symptom	Yes	No	Symptom	Yes	No
Fever >100.4F (38C) or Chills			Dry cough or Sore throat		
Fatigue			Headaches		
Runny Nose			Muscle aches and pains		
General feeling of being unwell			Shortness of breath		
Loss of taste or smell			Diarrhea, Nausea or Vomiting		
Conjunctivitis			A rash on skin, or discoloration of fingers or toes.		
Have you ever tested positive for COVID-19			If Yes, please insert date and fit to work do	ite:	
			COVID - 19 Positive Test Date		
			Fit to Work Date		

□ Partial vaccination □ U

Unvaccinated

7. Has your company implemented a plan, or any measures, in response to the SARS-CoV-2 virus / COVID-19? Yes □ No □ Please provide details:



By signing this form, I declare that the responses contained herein are true and correct and agree to my immediate removal from any of DeNovo's sites should any of my responses herein be found to be untrue and incorrect. I also hereby consent to DeNovo collecting, processing and storing any of my personal and sensitive data (as defined in the Data Protection Act 2011) provided in this form, for the purposes of determining the level of my exposure to 2019 Novel Coronavirus virus and any further action required to be taken.

Name (Block Letters)	Company	Signature	Date (DD/MM/YY)

DENOVO HSSE APPROVAL

Name (Block Letters)	Department	Signature	Date (DD/MM/YY)

ON SITE SCREENING

Date &	Body	Respiratory symptoms?	Equipment	Calibration	Screened by
Time	Temperature	(Yes/No)	Used	Date	

A fever may be a sign of illness, infection, or other conditions. Normal body temperature is between 35.9° C (96.6°F) and 36.7° C (98° F). A high temperature (fever) is generally considered to be 38 °C (100.4°F) or over. Anyone recording a body temperature of 38 °C (100.4°F) or above will not be allowed on site.

ONSITE COVID 19 TESTING

Date & Time	Test Type	Results	Remarks

References;

- Government of the Republic of Trinidad and Tobago Ministry of Health
- World Health Organisation
- IOGP-IPIECA Health Committee statement on COVID-19 testing in the oil and gas industry June, 2021