PRE-ACCESS MEDICAL INSTRUCTIONS

1. **There are two parts to the pre-access medical process**
   - **Part A – Medical Questionnaire Form**
   - **Part B – Medical Examination Form**

2. **All sections of Part A, the Medical Questionnaire Form must be completed by all visitors, contractors or employees and returned with the last page signed. Should any person not truthfully disclose information in their medical questionnaire or examination, they will be denied access to site, and may be subject to disciplinary action.**

3. **The contractor or employee must then take the fully completed and signed Part A, Medical Questionnaire Form and Part B, Medical Examination Form to be completed by a medical practitioner**

4. **Following steps must be followed when returning the completed forms:**

   - **The attending medical practitioner/clinic administration must then email both Part A and B Medical Questionnaire Form and Medical Examination Form to the BaffinlandMedicals@advancedmedic.com**
   - **In the event that the medical practitioner/clinic administration is not able to email the forms a clinic verification stamp from the attending medical practitioner / clinic administration must be on the forms. Forms returned from individual or other email addresses, without an attending medical professional verification stamp will not be accepted.**

<u>Additional Information:</u>

- **All employees that reside within the Baffinland Communities will be required to have their TB testing conducted prior to arriving to site. Where it's not possible for community clinics to conduct hearing tests the hearing tests can be completed by the Physician Assistant on site.**

- **All employees and contractors that reside outside of the Baffinland Communities are required to complete a functional hearing test as part of the Pre-Access Medical requirements.**

- **All other employees residing in locations outside of the Baffinland Communities are <u>not</u> required to complete a TB test as long as there has been no previous occurrences, family history and that the contractor or employee has not tested positive for a TB test and has not lived in a Baffinland community within the last three (3) years.**

- **All Visitors to site must complete Part A - Medical Questionnaire (Part B is <u>not</u> required) and Email to <u>BaffinlandMedicals@advancedmedic.com</u>**
  - **Any personnel travelling to site for less than seven (7) consecutive days is only required to complete Part A Medical Questionnaire Form.**
  - **Any personnel travelling to site for more than seven (7) consecutive days or that is required to be on site on a rotational basis will be required to complete both Part A – Medical Questionnaire Form and Part B – Medical Examination Form.**

PART 1 – MEDICAL QUESTIONNAIRE

PERSONAL DETAILS / EMERGENCYCONTACT

First Name	Last Name		Date of Birth: dd/mm/yyyy
Home Address			**Postal Code**
Phone Number	**Email**	**Health Card Number**	**Province of Issue**

EMERGENCYCONTACT

First Name	Last Name	Relationship to Person	Emergency Home Phone:
Emergency Contact Address			**Emergency Cell Phone:**

EMPLOYMENT DETAILS

Employer Name	Contractor or Subcontractor?	Work Location (Mary River, Milne Port)?	
Qikiqtani Industry Ltd	Contractor		
Employer Address		**Reason for Arrival at Site (Employment, Contractor, Visitor)**	
PO Box 248, Iqaluit, NU X0A 0H0			
Position	**Supervisor (Yes/No)**	**Human Resources Contact Name**	**Phone Number**
			867-975-2242

NO	YES	Type of Work	NO	YES	Expected To:
☐	☐	Light Manual (5 to 10 kg load handling)	☐	☐	Operate Light Equipment
☐	☐	Medium Manual (10 to 20 kg manual handling)	☐	☐	Operate Heavy Equipment
☐	☐	Heavy Manual (Greater than 20 kg loads)	☐	☐	Wear Respirator / SCBA
☐	☐	Office / Professional (less than 5 kg)	☐	☐	Walking
☐	☐	Outdoor	☐	☐	Working in close quarters
☐	☐	Climbing	☐	☐	Prolonged Standing

CURRENT MEDICAL INFORMATION

	YES	NO
Do you have any current medical conditions?	☐	☐
Have you had any injuries or serious illnesses in the last 12 months?	☐	☐
Do you have any allergies to drugs, stings, foods, etc. Explain how you react (Epipen, skin rash, etc) below.	☐	☐
Are you currently under a Doctor's care? If yes, provide specifics, including physician or clinic contact details below	☐	☐
Have you ever tested positive for a TB (Tuberculosis) Test. If yes, please attach the most recent results.	☐	☐

If you answered "YES" to any question, please provide specifics, including dates below:

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FAMILY MEDICALHISTORY - Is there a history of any of the following in your family

NO	YES	Condition	Relationship to Person	NO	YES	Condition	Relationship to Person
☐	☐	Epilepsy		☐	☐	Stroke	
☐	☐	Cancer		☐	☐	Kidney Disease	
☐	☐	High Blood Pressure		☐	☐	Tuberculosis (TB)	
☐	☐	Heart Disease		☐	☐	Diabetes	

PERSONAL MEDICALHISTORY

NO	YES	Condition (please circle)	NO	YES	Condition (please circle)
☐	☐	SPECIALSENSEDISEASE(Hearing Loss, Vertigo, Visual Defects, etc.)	☐	☐	METABOLIC DISEASE (Diabetes, Thyroid Disorder, etc.)
☐	☐	CARDIOVASCULARDISEASE (Angina, Infarction, Stroke, etc.)	☐	☐	PSYCHIATRIC DISEASE (Psychoneurosis, Psychosis, etc.)
☐	☐	RESPIRATORYDISEASE (Asthma, Chronic Bronchitis, Emphysema, etc.)	☐	☐	ADDICTIONS (Alcohol, Sedatives, Tranquilizers, Narcotics, etc.)
☐	☐	NEUROLOGICAL DISEASE (Epilepsy, Parkinson's Disease, Multiple Sclerosis, Seizure, Migraine, etc.)	☐	☐	OTHERDISEASES(Blackouts, Fainting spells, Sleep disorder, etc)
☐	☐	MEDICATIONBEINGTAKEN (If yes, specify details including list of medications, how often used, for what conditions))	☐	☐	PREVIOUSSURGERY (If Yes, specify details)

EXPOUND UPON "YES"

	YES	NO
Have you had any work related injuries? If yes, explain. ______	☐	☐
Any prior occupational exposure to the following (noise, dust, chemicals) ______	☐	☐
Do you smoke? If yes, for how long. ______	☐	☐
Do you have special dietary requirements? If yes, explain ______	☐	☐

I hereby declare that my responses to the questions on this form are complete, true and correct to the best of my knowledge. I understand that failure to complete this Medical Questionnaire, fully and truthfully will result in disciplinary action, up to and including termination.

I authorize Advanced Medical Solutions, or other medical services contractor hired by Baffinland Iron Mines, to disclose my medical information, as may be required, and to discuss with each the contents of my file in order to determine my suitability to perform the tasks of the job and to help Baffinland Iron Mines to administer its Health Program and Advanced Medical Solutions to deliver medical assistance if required.

I have been advised by Baffinland Iron Mines that all medical information I provide will be treated as "personal information" in accordance with the provision of the *Personal Information Protection and Electronic Documents Act* and the Privacy Policy of both the Company and Advanced Medical Solutions. I understand that the information will be maintained as confidential and that - circumstances where my consent cannot be readily obtained - access to the information will be limited to those people within the Company who have a bona fide need to know the information and to the physicians, occupational health practitioners, physician assistants who assess my suitability for access to the site and may be called upon to provide medical treatment in the event that I am ultimately granted access to the site (herein, "authorized personnel").

I understand and agree that the medical information I now provide, or may in future provide by ways of update may be referenced by authorized personnel at any time but solely for the purpose of completing future medical evaluations and providing medical assistance when required.

In the event that I am referred by the Company or by Advanced Medical Solutions to another Occupational health Assessment Centre in another region, I agree that my entire occupational health medical file may be transferred to that center.

Signature ______________________ Date ______________________

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MEDICAL EXAMINATION

Part 2 - To be Filled Out by Doctor or Nurse Practitioner

MEDICAL EXAMINATION	Applicant First Name				Applicant Last Name		Date of Birth: dd/mm/yyyy
Height (cm)	Weight (kg)	BMI	Blood Pressure	Pulse Rate -Resting (bpm)	Vision Without Glasses	Vision With Glasses	Color Blindness(Yes / No)

Abnormal	Normal	Physical Exam	Comments or Remarks
		Nutrition	
		Eyes	
		Ears	
		Throat	
		Teeth and Gums	
		Thyroid Glands	
		Lymph nodes	
		Thorax	
		Heart	
		Peripheral Pulses	
		Abdomen	
		Genitourinary	
		Extremities	
		Spine and Back (ROM)	
		Skin / Identifying Marks	
		Neurological (Reflexes)	
		Psychological	
		TB Screening	
		Other	

ADDICTIONS

MEDICATIONS

MEDICAL INVESTIGATIONS

Test	Date	Comment
Mantoux (TB): Must be performed within the last year. Must be read before examinee may report to work. Refer to attached TB Screening protocol		
CXR: Must be completed if over 50 years of age, Mantoux (TB) test ineligible or positive, or if chronic respiratory or cardiac condition exist		
Tetanus: last immunization date. If greater than 10 years please administer booster		
Audiogram - Have administered if hearing concerns are identified		

Please scan and email completed pages to **Baffinlandmedicals@advancedmedic.com**

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MEDICAL EXAMINATION

Part 2 - To be Filled Out by Doctor or Nurse Practitioner

MEDICAL EVALUATION

Baffinland – Mary River Mine and Milne Port Sites

Baffinland's Mary River and Milne sites are located in a remote area of Nunavut. A health center is located at each site staffed by Physician Assistants (PAs) under the off-site supervision of a medical doctor. The PA's are capable of minor surgery, suture dressings, packing of wounds, etc. however there is no access to X-Ray or laboratory analysis. In the event hospital care is required, an air medical evacuation would be needed could take up to 7 hours from time of calling the medevac to patient arrival in Iqaluit. Extreme weather may, at times, limit accessibility to off-site medical care.

	Yes	No
Did you find any physical or other limitations?	☐	☐

If "yes", which of the following activities would these limitations restrict? (Check all that apply)

☐	Light Manual (5 to 10 kg load handling)	☐	Operate Light Equipment
☐	Medium Manual (10 to 20 kg manual handling)	☐	Operate Heavy Equipment
☐	Heavy Manual (Greater than 20 kg loads)	☐	Wear Respirator / SCBA
☐	Office / Professional (less than 5 kg)	☐	Walking
☐	Outdoor	☐	Working in close quarters
☐	Climbing	☐	Prolonged Standing

	Yes	No
Do you consider the examinee to be medically fit for the type of work for which s/he is being considered (refer to Part1)?	☐	☐
Do you consider the examinee to be medically fit to work in an isolated workplace, having limited medical facilities that is accessible only by air transport?	☐	☐
Does the examinee require any kind of treatment (If "yes", please specify)	☐	☐

Signature and Stamp of Examining Practitioner

Location, Address, Phone Number of Practitioner

Date of Examination dd/mm/yyyy

Please scan and email completed pages to **Baffinlandmedicals@advancedmedic.com**

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MEDICAL EXAMINATION

CONSENT TOCOLLECTION, USE & DISCLOSURE OF MEDICAL INFORMATION

Part 3 - Part 1 - To be Filled Out by Employee and Witnessed

(Confidential when completed. To be completed by applicant/worker and handled in a confidential manner according to all privacy laws)

I, (print name)________________________________authorize (name and address of physician, health facility, or health professional)

To, disclose to those medical personnel contracted by Baffinland Iron Mines (herein, the "Company") and Advanced Medical Solutions, as may be required, and to discuss with each the contents of my medical exam and file for the following purposes:

(a) in order for the Company to determine my suitability to perform the tasks of the job and
(b) to help the Company administer its Health Program and Advanced Medical Solutions to deliver medical assistance if required.

I have been advised by the Company that all medical information I provide will be treated as "personal information" in accordance with the provision of the *Personal Information Protection and Electronic Documents Act* and the Privacy Policy of both the Company and Advanced Medical Solutions. I understand that the information will be maintained as confidential and that - circumstances where my consent cannot be readily obtained - access to the information will be limited to those people within the Company who have a bona fide need to know the information and to the physicians, occupational health practitioners, physician assistants, of Advanced Medical Solutions who assess my suitability for access to the site and may be called upon to provide first aid treatment in the event that I am ultimately granted access the work at the site (herein, "authorized personnel").

I am advised that the information will only be retained for so long as it is needed for the purpose above noted and that it will be returned by Advanced Medical Solutions to the Company and destroyed by the Company in a secure manner when it is no longer required to be preserved by circumstances and the law.

I understand and agree that the medical information I now provide, or may in future provide by ways of update may be referenced by authorized personnel at any time but solely for the purpose of completing future medical evaluations and providing medical assistance when required.

In the event that I am referred by the Company or by Advanced Medical Solutions to another Occupational health Assessment Centre in another region, I agree that my entire occupational health medical file may be transferred to that center to facilitate subsequent Fitness to Work Evaluations.

I declare that I have read this consent (or had it explained to me) and that I understand the purpose for which my medical information is being collected and the limited disclosure and uses to which that information will be subject. I voluntarily consent to such collection, disclosure and uses. I understand that I may withdraw my consent at any time but that, if I decide to do so, I thereby assume all risk of injury, damage and loss to myself and others attendant on that withdrawal and hereby release the Company and Advanced Medical Solutions from any and all claims arising from or related to my decision to withdraw this consent.

I understand that I am required to and consent to visiting the Baffinland Iron Mines onsite medical services contractor immediately after completion of site orientation for further examination that will include, but not be limited to, blood pressure testing, hearing testing and a physical exam.

Signature of Examinee	Date dd/mm/yyyy
Signature of Witness	Date dd/mm/yyyy

Medical Professional
Please ensure pages are scanned and emailed to the address below

Please scan and email completed pages to **Baffinlandmedicals@advancedmedic.com**

MEDICAL EXAMINATION
APPENDIX - GUIDANCE ON TB SCREENING

Recommendations for TB screening required within one year prior to employment

1. Tuberculin Skin Test (TST) if eligible* and
2. TB symptom inquiry:

    Assess For:
    - Cough x 3 weeks or more
    - Weight loss
    - Night sweats
    - Malaise
    - Hemoptysis

If TST is positive, or if patient is TST ineligible* and/or applicant has one or more symptoms (as listed above):

1. Chest X-ray
2. Sputum samples x3 for Tuberculosis

All employees that reside within the Baffinland Communities will be required to have their TB testing conducted prior to arriving at site. All other employees residing outside of the Baffinland Communities are not required to complete a TB test PROVIDED there as been no previous history of TB, no family history and the contractor or employee has not previously tested positive for a TB test, and has not lived in a Baffinland Community within the last three (3) years."

The following persons should not receive a TST:

*TST ineligible clarification: (From the Canadian Tuberculosis Standards 7th Edition page 55)

1. Those with severe blistering TST reactions in the past or with extensive burns or eczema present over TST testing sites, because of the greater likelihood of adverse reactions or severe reactions.

2. Those with documented active TB or a well-documented history of adequate treatment for TB infection or disease in the past. In such patients, the test is of no clinical utility.

3. Those with major viral infections.

4. Those who have received measles immunization with the past 4 weeks, as this has been shown to increase the likelihood of false-negative (chickenpox) and yellow fever - but it would seem prudent to follow the same 4 week guideline. However, if the opportunity to perform the TST might be missed, the TST should not be delayed for live virus vaccines since these are theoretical considerations. (NOTE that a TST may be administered before or even on the same day as the immunizations but at a different site)