

## **COVID-19 Screening Consent Form and Waiver**

The COVID-19 pandemic has prompted swift and decisive action by JGC | Fluor BC LNG JV (JFJV) to protect the people who work on the LNG Canada Project in Kitimat, B.C., and the immediately adjacent communities. The Project will be implementing additional measures in an effort to keep people safe and working.

The LNGC Project is offering enhanced COVID-19 screening by providing rapid testing to Project personnel and those entering the Project Site as part of its comprehensive program to prevent COVID-19 infection in the workplace. International SOS Canada, Inc., will be responsible for administering the test, analyzing and interpreting the samples and sending the results directly and exclusively to the undersigned, the JFJV Health and Safety Department and, as applicable, and your employer.

JFJV is committed to protecting and maintaining the confidentiality of test results in accordance with all applicable policies and plans, and privacy obligations and in accordance with its site-access Swab Testing Policy (the "Policy"). The purpose of the following consent form and waiver (the "Consent") is to ensure that testing is done fairly, consistently, reasonably, transparently and in a way that is minimally intrusive and compliant with applicable laws and current public health guidelines and orders. This Consent covers the administration of the test, the samples taken, the analysis and interpretation of the results, the diagnosis made and the measures that JFJV could take, while any Project-related personnel and visitors are waiting to take the test or for the results and the diagnosis, or following the communication of a non-negative diagnosis of COVID-19 to JFJV.

All Project-related personnel and visitors that wish to work at, or enter, the LNGC Project Site in Kitimat must sign the Consent before testing.

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Unless the Consent is declined, I confirm that:

1. I hereby consent to trained personnel of International SOS Canada Inc., to perform a Nasal Swab COVID-19 rapid screening (Sofia SARS Antigen FIA Assay) test (the "Test") on machines approved by Health Canada prior to me entering the Project Site.
2. In the case of a non-negative test, I further consent to International SOS Canada Inc. or JFJV sending my collected sample to be tested further at an outside laboratory in accordance with JFJV's Policy and public health guidance.
3. I consent that results can be communicated to me in person, by text or by voice call as required by International SOS Canada Inc. in order to deliver results promptly and without delay.
4. I further acknowledge that:

(a) JFJV, as prime contractor, will collect, use and disclose “non-negative” and “negative” test results in accordance with its legal and health and safety obligations, which I acknowledge may include disclosure of my test results to those individuals managing JFJV’s COVID-19 response further to such legal and health and safety obligations;

(b) JFJV, as prime contractor, may take all necessary measures to ensure the health and safety of the Project Site, which can include asking me, whether before the administration of the Test or while waiting for results or following a non-negative diagnosis for COVID-19, to self-isolate for the time deemed necessary by JFJV, or if applicable that I leave the Project Site immediately (if such a departure is possible and does not place my health or that of others at risk).

(c) The non-negative and negative test results from the Test will be disclosed to Northern Health officials in accordance with current public health obligations.

5. I have read the Consent, understand it and sign it voluntarily. Before having the Test, I confirm that I have had an opportunity to consult a legal, health or other appropriate professional advisor of my choice and have obtained all the information I deemed necessary before agreeing to the Test.

**If you decline the test, you WILL not be permitted to board charter flights, bus, or gain access to Project Supplied Housing, or the LNG Canada Project Site until further notice.** If you decline to participate in the Nasal Swab COVID-19 rapid screening test, please contact your employer or union representative for further details and instructions.

Name of my Employer: \_\_\_\_\_

Date: \_\_\_\_\_

**I agree to take the Test:**

Name Printed: \_\_\_\_\_,

Signature: \_\_\_\_\_

**I Decline to take the Test at this time:**

Name Printed: \_\_\_\_\_,

Signature: \_\_\_\_\_