Medical evaluation for ascent to high altitudes (Greater than 2,500 m.a.s.l.)

MEDICAL CERTIFICATE FOR VISITORS*

* Aligned to Annex 16-A of DS 023-2017 EM

To visit the Minsur mining units or projects located at a geographical height above 2,500 meters above sea level or remote places at sea level, an adequate state of health and certification by a collegiate doctor is required.

PART A: VISITOR INFORMATION

Names:	Surnames:		
Document No. of identity:	Birthdate:		
Address:			
Employer:	Age:	Sex: M	F
Activity to do:			

PART B: HEALTH DECLARATION

Mark with an "X" if the visitor presents or has presented any of the following health conditions:

CONDITION	YES	NO	CONDITION	YES	NO
Anemia, polycythemia, sickle cell disease			Peripheral vascular insufficiency (varicose veins)		
Recent major surgery (last 6 months)			Recent moderate to severe infections		
Pregnancy, menstrual delay			Chronic bronchitis, COPD, asthma or others		
Coagulation disorders, thrombosis			Epilepsy (seizures), blackouts, or other		
Pre heart attack, heart attack			vertigo, dizziness		
Cardiac arrhythmia, tachycardia			Glaucoma, retinal diseases or others		
Heart failure			peptic or duodenal Sore, bleeding digestive, hepatitis, cirrhosis or other		
pacemaker carrier			Sleep disturbances, snoring, or sleep apnea dream		
Arterial hypertension			Previously rising pulmonary or cerebral edema at geographical height		
Mellitus diabetes			Renal problems		
Morbid obesity (BMI greater than 40 kg/m2)			Others:		

Have you ever been to more than 2,500 m.a.s.l.? _____ Did you present any complications? _ _

I declare that the answers given in this certificate are true and I am aware that hiding or falsifying information can cause me harm, for which I assume full responsibility for it.

Signature and fingerprint of the examinee confirming his statement ____

In the event of any change in your health condition after the issuance of this certificate, you should contact a medical professional to reassess your condition. The aptitude issued in this certificate does not ensure an adequate response during the ascent or during the stay at a geographical height.

PART C: PHYSICAL EXAMINATION

To be filled out by the evaluating doctor:

Current symptoms: ____

Medications you use:

Allergies (medication, food, etc.) ____

Prepared by: Superintendence of Occupational Health and Hygiene Version: 04 (10.07.2023)

Weight (kg)	Height (m)	BMI	Pulse x min	Respons x min	Pressure arterial	Sat. O ₂ %
Segmental examination:						
Head:			Cardiovascular:			
Abdomen:			Lungs :			
Mental:			Locomotor:			

• Indicate hemoglobin/hematocrit in all.

Indicate an **electrocardiogram** (ECG) in people 45 years or older.

Indicate glucose in diabetic people. If glucose is greater than 110 mg/dl, request glycosylated hemoglobin.

 According to the criteria of the evaluating doctor, complementary examinations and consultations with specialists will be requested according to the health condition of the visitor.

Hemoglobin result	Electrocardiogram result	Result of other tests

PART D: ABSOLUTE CONTRAINDICATIONS TO ASCEND TO GEOGRAPHICAL HEIGHT

The evaluating doctor must take into account the following absolute contraindications for the visit:

History of cerebral edema at geographic height	moderate anemia	
History of pulmonary edema at geographic height	severe COPD	
Heart failure functional class III or higher	BMI 40 or higher	
valve disease functional class III or higher	Uncontrolled cardiac arrhythmia	
Acute myocardial infarction in the last 3 months	Uncontrolled diabetes mellitus	
stroke in the last 3 months	Presence of pacemaker	
Presence of unstable angina	History of cerebral venous thrombosis	
epilepsy, seizures	History of recent major surgery	
Pregnancy (week 28 onwards)	cardiomyopathy obstructive hypertrophic	
Hepatic cirrhosis	thrombosis (last 6 months)	

For related health conditions, but of a lesser degree, indicate additional studies to determine fitness.

PART E: DECLARATION OF MEDICAL CLEARANCE TO VISIT THE MINING UNITS AND/OR PROJECTS

I hereby certify that he/she is: SUITABLE to visit:

() Minsur facilities located above 2,500 m.a.s.l. (consider the absolute contraindications established in PART D) and facilities located at sea level.

() Only Minsur facilities located at sea level.

() It is not suitable for visiting any facility.

For yellow fever endemic areas, the issuance of the corresponding vaccination certificate is recommended.

OBSERVATIONS: _

PART F: PHYSICIAN INFORMATION

Name and surname	
Address:	Signature and stamp
CMP No.:	
E-mail:	
Certificate issue date:	

This certificate **expires after 01 year** from the date of issue unless the doctor considers a medical evaluation in a shorter time.

By internal requirement of Minsur, when a visitor enters the mining unit or project, blood pressure, heart rate, respiratory rate and oxygen saturation must be controlled. For those who present uncontrolled reactive hypertension or intense desaturations, they will be descended to places of lower geographical altitude.

For any questions you can contact:

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Prepared by: Superintendence of Occupational Health and Hygiene Version: 04 (10.07.2023)