

# Take 5 to Limit the Spread



Nothing is more important than the health and safety of our people and communities, and we need to continue to work together to limit the spread of COVID-19, including the highly infectious Delta variant, to protect ourselves, our families and each other.

Please take 5 minutes to complete the following and help each other stay safe and healthy.

## Everyone going home safe and healthy every day

Please note this Take 5 form is for fully vaccinated individuals.

<p><b>1. Do you have to complete quarantine and/or other requirements demanded by a health authority?</b></p> <p><b>2. Is anyone in your immediate household, or anyone with whom you've been in close contact, currently in quarantine with COVID-19?</b></p> <p><b>3. Are you experiencing any of the following?</b></p> <ul style="list-style-type: none"> <li>• Fever</li> <li>• Nausea/vomiting</li> <li>• Loss of sense of smell or taste</li> </ul>	<p><b>NO</b></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><b>YES</b></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><b>If you answered YES to any of the these questions,</b></p> <ul style="list-style-type: none"> <li>• do not go to work</li> <li>• call your supervisor to let them know you will not be coming into work</li> <li>• fill in the COVID-19 Contact Tracing Form (on <a href="https://connect.teck.com">connect.teck</a> or <a href="https://teck.com">teck.com</a>) and provide it to your supervisor to help us protect your co-workers</li> <li>• contact Public Health for further guidance on the need for possible self-isolation and/or testing</li> <li>• notify your supervisor to let them know the actions you are taking</li> <li>• if you have been tested for COVID-19, please contact your supervisor to help us protect your co-workers</li> </ul>
<p><b>4. Are you experiencing any of the following symptoms beyond what you normally perceive?</b></p> <ul style="list-style-type: none"> <li>• Cold, runny nose and/or persistent dry cough</li> <li>• Muscle pain and/or fatigue</li> <li>• Headache and/or throat pain</li> <li>• Loss of appetite and/or diarrhea</li> </ul>	<p><b>NO</b></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><b>YES</b></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><b>If you answered YES to any of these questions,</b></p> <ul style="list-style-type: none"> <li>• do not go to work</li> <li>• contact Public Health for further guidance on the need for possible self-isolation and/or testing</li> <li>• notify your supervisor to let them know the actions you are taking</li> <li>• if you have been tested for COVID-19, please contact your supervisor to help us protect your co-workers</li> </ul>