

ANEX 3

# SELF-REPORTING HEALTH CONDITIONS AND IMMEDIATE FAMILY



Life  
First



*Back to work,*

*taking care of me and taking care of you!*



PROTOCOL FOR REACTIVATING CONSTRUCTION, OPERATION AND MAINTENANCE  
PROJECTS AND ADMINISTRATIVE PROCESSES FOR THE COVID19 EMERGENCY  
TRANSMISSION BRANCH, TGI AND CORPORATE



TGI  
Grupo Energía Bogotá



Grupo  
Energía  
Bogotá



Transmisión  
Grupo Energía Bogotá

# SELF-REPORT HEALTH CONDITIONS

## DIRECT EMPLOYEES AND CONTRACTORS WHO WILL ENTER OUR WORKPLACES

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Office or Site (GEB or TGI)

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Full name

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ID No.

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Contact telephone

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Company

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SST Coordinator / SST Professional who supports the activity (applies to operating work centers)

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Management / Responsible person at GEB/TGI

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Name and cell phone of a contact in case of emergency

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Health Service

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GEB and TGI's Occupational Health and Safety Management, in line with our cultural attribute Life First! and with the aim of monitoring your health and that of all the personnel who interact in the company, makes the following survey available to you so that, on a daily basis, you can evaluate your condition prior to the start of the work day.

Answering the questions honestly and objectively will allow you to take the necessary preventive measures to promote your recovery process, in the event of a respiratory infection.

### Have you had any of the following symptoms in the last 24 hours?

	YES	NO
General unrest		
Congestion or nasal mucus		
Sore throat		
Cough		
Difficulty in breathing		
Temperature above 37.5 ° How much?		

**If any of the answers are affirmative, please:**

- **Contact** your direct supervisor and/or the person responsible for the activity/work on the part of the GEB / TGI so that, together, they can evaluate the possibility of carrying out remote work for today.
- The person responsible for GEB / TGI must **immediately contact the health area of GEB** (Dr. Erika Cala) and must follow the recommendations issued.
- **Call lines #195 or #123, or the national line 018000 955590**

## Notion of contagion

YES	NO

Have you had any contact with persons with respiratory infection within the last week?

If you have had contact please specify:

	YES	NO
Work colleagues		
Suppliers		
Family members		
Other - who?		



## Did you have any of the following conditions?

YES	NO

Older than 60 years?

Diabetes mellitus, high blood pressure, obesity with BMI>35, cancer or chronic lung disease (asthma, emphysema, chronic bronchitis or chronic obstructive pulmonary disease) have high blood pressure under treatment. I have not suffered from cerebrovascular events, I do not suffer from autoimmune diseases (rheumatoid arthritis and lupus, among others) nor a history of cancer, HIV or being pregnant ( if a woman).

YES	NO

If you answered yes to any of the above conditions, please mention which one below.

### Important:

Once completed and sent to the mail, the information will be assessed by the company's **Occupational Health and Safety Management**, who will contact you if necessary. Also you may contact the following telephone numbers:



✉ [reportesalud@geb.com.co](mailto:reportesalud@geb.com.co)  
☎ 310 303 26 04



✉ [reportesalud@tgi.com.co](mailto:reportesalud@tgi.com.co)  
☎ 318 437 36 14



## Notes:

- I declare that I have not been reported as a suspicious, probable or positive in COVID-19.
- Finally, I declare that I am aware of the recommendations and prevention measures adopted by the Company to prevent the spread of COVID-19 in the workplace and that I am obliged to comply with the instructions given by the Company and/or the medical staff.
- The medical information provided in this Affidavit is true, therefore, I assume any civil and/or criminal liability that may arise from the verification of its falsehood or inaccuracy, as well as from the documents that are subsequently submitted upon request by the Company. If I do not comply with any of the above points, I will immediately inform my supervisor or staff responsible at my company.
- Through this document I authorize Grupo Energía Bogotá / TGI and/or my employer to treat, transfer or provide my personal data and information related to my health, in case of suspicion or suffering from COVID-19, to medical entities that require it because it is a matter of public interest based on the national health emergency.
- Questions 1 to 6 determine a condition of respiratory infection that may or may not lead to a suspicion of coronavirus, therefore it will be handled by the general practitioner, who, according to the criteria established by the Ministry of Health, will refer it for confirmation of Covid-19 infection.
- Questions 6 onwards provide information to the company through its Occupational Health areas to manage the risk represented by the incidental exposure of several people in order to carry out the respective follow-up if positive cases for COVID-19 are confirmed, as established by public health regulations.

