

Medical Information Sheet for the BSL-3 users

Date: _____

Name of Worker: _____

(Signature)

Details of Medical Insurance: Policy No. _____

Insurance Provider:

1. BCG vaccination Scar Present: ___ Yes ___ No

2. Mantoux Test Date: _____

Result: Positive Negative

2.1. If Mantoux Positive: _____ x _____ mm

2.2. If Mantoux Positive, Fresh BCG Vaccination Date: _____

3. HBV Vaccination Dates:

I.....

II.....

III.....

4. HIV (ELISA): _____

5. RA Factor: _____

6. HbA1C: _____

Biosafety Level-3 Facility
ASSOCIATION FOR BIO-INSPIRED LEADERS & ENTERPRENURES at SASTRA-TBI
SASTRA Campus, THANJAVUR, TAMILNADU- 613401
Email: labmanager.ablest@sastra.ac.in

7. Record of General Health Screening:

| Date | Mantoux | Chest X-ray | General Health | Remarks |
|------|---------|-------------|----------------|---------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Remarks:

Signature
Dr. Ramji

Biosafety Officer