

Medical Sheet for the BSL-3 USERS

Date: _____

Name of Worker: _____

(Signature): _____

Details of Medical Insurance:

Policy No.: _____

Insurance Provider: _____

1. COVID-19 RT PCR Test: Result _____

2. COVID-19 IgG Test: Result _____

General Health Condition:

Remarks:

Dr. C. Sathish Rao

CMO IISc, Health Centre