

Medical 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 (.....x.....mm) ___Negative

2.1 If Mantoux Negative, Fresh BCG Vaccination Date: _____

3. HBV Vaccination Dates: I.....II..... III.....

7. Record of General Health Screening:

Date	Mantoux	Chest X-ray	General Health	Remarks

Remarks:

Dr. C. Sathish Rao
CMO
IISc, Health Centre