

MEDICAL SURVEILLANCE REPORT

1 Personal Details

i. **Name of the Organisation:**

ii. **DBT Office Memorandum No.:**

iii. **Name of the personnel:**

iv. **Designation**

v. **Department:**

Phone

Email:

DOB:

2. Contact with products of rDNA Technology

Please indicate rDNA products, tissue, blood, or biological agents that you work with (tick yes or no):

i. Do you work with recombinant DNA technology? If yes, please specify

Yes

No

ii. What is the biosafety containment level requirement of organisms handled by you?

BSL-1

L-IBS

IBSL-III

BSL-IV

iii. Do you work with human blood products or human tissue? If yes, please specify

Yes No

iv. Do you work with animal blood products or animal tissue? If yes, please specify

Yes No

3. Medical History

i. Have you had any change in your health status in the previous year? If yes, please describe

Yes No

ii. Have you developed any chronic illness in the past year? If yes, please describe

Yes No

iii. Have you developed any new allergies in the past year? If yes, please describe

Yes No

iv. Have you been told by a physician that you have an immune compromising medical condition or are you taking medications that impair your immune system (steroids, immunosuppressive drugs, or chemotherapy)?

Yes No

4. If yes to any of the above, please attach a medical surveillance report certified and signed by the registered medical practitioner in the following format:

i. Date of health surveillance

ii. Test or examinations performed and results