



## Biosafety Level-3 Facility for Tuberculosis Research

UNIVERSITY OF DELHI SOUTH CAMPUS  
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### Medical Information sheet for the BSL3 facility users (with reports attached)

User Name:.....

Name of the Supervisor:

Address and Contact details:.....

.....

.....

BCG vaccination: .....Yes .....No

Mantoux Test details:

Date: ..... Result: ....., if positive (induration - .....x.....mm).

HBV Vaccination details:

Tetanus Vaccination details:

Chest X-ray details:

Date: ..... Result: .....

Signature of the User

Signature and stamp of the PI

Place:

Date: