



**BSL-3 FACILITY**  
 RAJIV GANDHI CENTRE FOR BIOTECHNOLOGY  
 CAMPUS-2-AKKULAM, THIRUVANANTHAPURAM

**Medical Clearance Form**

**SOP No:** BSL3/RGCB/SOP/003

**Employee Information:**

Date:
Name:
Employee ID No:
Email ID:
Designation:
Principal Investigator:
Designation:
Department:
Email ID:
Risk Group 3 Infectious Agent(s) proposed for use:
Principal Investigator Signature with date:

**Medical History:**

1. Have you ever been diagnosed with or received treatment for the following conditions?

Please check the appropriate boxes:

- Tuberculosis  
 Immunodeficiency disorders  
 Respiratory conditions (e.g., asthma)  
 Heart disease  
 Diabetes  
 Hypertension  
 Other (Specify) \_\_\_\_\_

2. Have you received the necessary immunizations or vaccinations required for work in a BSL3 facility as per the BSL-3 IBSC rules?

Yes

No

If yes, provide details: \_\_\_\_\_

3. Have you ever had any severe allergic reactions, especially to medications or biological agents?

Yes

No

If "Yes," please provide details: \_\_\_\_\_

4. Are you currently taking any medications or receiving any treatments that may affect your ability to work safely in a BSL3 facility?

Yes

No

If "Yes," please provide details: \_\_\_\_\_

5. Do you have any pre-existing medical conditions?

Please check the appropriate boxes and specify if necessary:

- Depression  
 Anxiety  
 Claustrophobia  
 Epilepsy  
 Pregnant / Lactating  
 Other (Specify) \_\_\_\_\_

**Declaration:**

I hereby declare that the information provided above is true and accurate to the best of my knowledge. I understand that it is my responsibility to inform the institute of any changes in my medical condition that may affect my suitability for working in a BSL3 facility.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical Practitioner's Assessment:**

I have reviewed the medical history provided by the employee and conducted the necessary examinations. Based on my assessment,

**Medical Practitioner's Name:**

**Medical Practitioner's Signature:**

**Seal:**

**Date:**

**Confidentiality Statement:**

The Facility In charge / Facility Manager, relevant medical personnel, and the Institutional Biosafety Committee will be the only authorized individuals allowed to access and review this information. This access is solely intended for the purpose of evaluating the user's medical fitness for working in the RGCB BSL3 facility. The provided information will be treated with utmost confidentiality, and we will take necessary precautions to protect the privacy of this data. It will not be shared with any unauthorized individuals or parties. Any discussions, assessments, or determinations made using this medical information will be held in strict confidence.

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*Prepared by, Dr Sara Jones, Facility Manager;*

*Checked & Approved by, Dr Rajesh Chandramohanadas, Scientist E-II & Facility In-Charge*

*(Created:08/23; Revised:10/23) Rajiv Gandhi Centre for Biotechnology (RGCB) BSL-3 Laboratory*