

Personal information

Mark answer with ☐ and circle the applicable disorder

Name:

Date:

Physician:

Age:

☐ Male ☐ Female

Phlebotomist:

Date of birth:

Post: ☐ Researcher ☐ Administrative ☐ Student ☐ Technician ☐ Janitorial

Date started:

Authorizations: ☐ Admin ☐ BSL-2 ☐ BSL-2+ ☐ BSL-3 ☐ BSL-3+

Serum sampled:

Has signed: ☐ Baseline serum informed consent ☐ CAR ☐ Key /PIN Issuance ☐ NDA ☐ Biobank

Emergency contact :

Mobile:

Family history

Mark answer with ☐ and circle the applicable disorder

	Mat. grandmother	Mat. grandfather	Pat. grandmother	Pat. grandfather	Father	Mother	Siblings	Offspring	None	
Cardiovascular	☐	☐	☐	☐	☐	☐	☐	☐	☐	Hypertension, Coronary artery disease or Angina, Myocardial infarction, Congestive heart failure, Arrhythmia, Stroke, Valvular heart disease, Endo or pericarditis, Deep vein thrombosis. Other:
Neurological	☐	☐	☐	☐	☐	☐	☐	☐	☐	Stroke, Epilepsy, Migraine, Parkinson's disease, Alzheimer's disease, Amyotrophic lateral sclerosis, Meningitis, Encephalitis, Brain tumor, Huntington's disease, Myasthenia gravis, Bell's or Cerebral palsy. Other:
Respiratory	☐	☐	☐	☐	☐	☐	☐	☐	☐	Asthma, Chronic obstructive pulmonary disease, Emphysema, Chronic bronchitis, Tuberculosis, Pulmonary embolism, Lung cancer, Cystic fibrosis. Other:
Gastrointestinal	☐	☐	☐	☐	☐	☐	☐	☐	☐	Gastroesophageal reflux disease, Peptic ulcer disease, Irritable or inflammatory bowel syndrome, Crohn's disease, Ulcerative colitis, Celiac disease, Gallstones, Hepatitis, Cirrhosis, Pancreatitis, Diverticulitis, GI cancer. Other:
Endocrine	☐	☐	☐	☐	☐	☐	☐	☐	☐	Diabetes mellitus or insipidus, Hypo or hyper-thyroidism, Addison's disease, Cushing's syndrome, Polycystic ovary syndrome, Hypo or hyper-parathyroidism, Pheochromocytoma, Graves' disease, Hashimoto's thyroiditis, Thyroid nodules or cancer. Other:
Musculoskeletal	☐	☐	☐	☐	☐	☐	☐	☐	☐	Osteoarthritis, Arthritis, Osteoporosis, Gout, Fibromyalgia, Carpal tunnel syndrome, Lower back pain, Sciatica, Herniated disc, Ankylosing spondylitis. Other:
Autoimmune	☐	☐	☐	☐	☐	☐	☐	☐	☐	Rheumatoid arthritis, Systemic lupus erythematosus, Type 1 diabetes mellitus, Multiple sclerosis, Psoriasis, Sjögren's syndrome, Scleroderma, Vitiligo, Polymyositis, Dermatomyositis. Other:
Renal	☐	☐	☐	☐	☐	☐	☐	☐	☐	Acute or chronic kidney disease, Glomerulonephritis, Nephrotic syndrome, Polycystic kidney disease, Nephrolithiasis, Diabetic or Hypertensive nephropathy, Renal tubular acidosis, Renal tumor. Other:
Psychiatric	☐	☐	☐	☐	☐	☐	☐	☐	☐	Depression, Generalized anxiety disorder, Borderline or Bipolar disorder, Schizophrenia, Obsessive-compulsive disorder, Post-traumatic stress disorder, Social anxiety disorder, Attention-deficit/hyperactivity disorder, Autism spectrum disorder, Eating disorders, Insomnia. Other:



Laboratory Staff Health Monitoring Record

Laboratorio de Genómica Viral y Humana BSL-3, Facultad de Medicina UASLP

Last updated Oct 06, 2025 v9



Non-pathological history

Mark answer with ■

Daily meal courses: # ☐ Animal protein ☐ Vegetables ☐ Fruits ☐ Grains ☐ Dairy ☐ Healthy fats

Weekly hours of exercise: # ☐ Aerobic (cardio) ☐ Strength ☐ Flexibility ☐ High-intensity interval ☐ Endurance

Daily hours of sleep: # Do you have a consistent sleep schedule? ☐ Yes ☐ No

Tobacco (cigarettes/week): # Alcohol (units/week): # ☐ Vape ☐ Other:

Have you traveled recently or frequently to other regions or countries? ☐ No. If yes, where:

Who do you live with: ☐ Parents ☐ Romantic partner ☐ Friends ☐ Other family ☐ Alone

Gyneco-obstetric history

Mark answer with ■

G # P # C # A # Menarche: age Cycle length: dd Duration: dd ☐ Regular ☐ Irregular

Current pregnancy? ☐ No ☐ Yes ➡ Gestational age: wks

Pre-menstrual syndrome: ☐ No ☐ Yes Last menstrual period: dd/mm/yy Sexual debut: age

Have you ever been diagnosed with a gynecologic condition? (e.g., Polycystic ovaries, endometriosis, miomas): ☐ No ☐ Yes

Contraception: ☐ No ☐ Yes ➡ ☐ Oral ☐ Implant ☐ Patches ☐ Injections ☐ IUD ☐ Barrier ☐ Surgical

Occupational history and security clearance

Mark answer with ■

Previously worked in: BSL- # ☐ Academy ☐ Industry ☐ Government ☐ Hospital

Previous workplace:

Name of employer:

Employer's contact phone number: ☐ Opted out of reference follow-up

Previous employer referred any of the following:

☐ Disrespectful behavior	☐ Tardiness or absenteeism	☐ Emotional lability	☐ Dishonesty
☐ Lack of discipline	☐ Lack of compliance	☐ Low hygiene or self-care	☐ Disturbing team dynamics

	No	Yes
Have you ever used any other legal names or aliases?	☐	☐
Are you legally authorized to work in this country?	☐	☐
Are there any legal or regulatory restrictions that would prevent you from working in a national strategic facility?	☐	☐
Do you hold any dual citizenships?	☐	☐
Have you ever been convicted of a criminal offense?	☐	☐
Are you currently involved in any legal proceedings or under investigation?	☐	☐
Have you ever been terminated or asked to resign from a previous position?	☐	☐
Have you ever been subject to disciplinary action for misconduct, dishonesty, or breach of confidentiality?	☐	☐
Do you use any substances (prescribed or otherwise) that may affect your ability to perform laboratory duties?	☐	☐
Are you under treatment for any condition that may impact your ability to comply with safety / security protocols?	☐	☐
Have you ever experienced severe financial hardship?	☐	☐
Do you have contact with foreign entities, institutions, or governments interested in your work?	☐	☐
Have you held positions of trust (e.g., access to sensitive data, high-containment labs) before?	☐	☐
Are you willing to undergo background checks and/or security clearance procedures if required?	☐	☐

Personal pathological history

Mark answer with ☐

	Date diagnosed Tx	
Cardiovascular ☐	mmm/yyyy	Hypertension, Coronary artery disease or Angina, Myocardial infarction, Congestive heart failure, Arrhythmia, Stroke, Valvular heart disease, Endo or pericarditis, Deep vein thrombosis. Other: _____
Neurological ☐	mmm/yyyy	Stroke, Epilepsy, Migraine, Parkinson's disease, Alzheimer's disease, Amyotrophic lateral sclerosis, Meningitis, Encephalitis, Brain tumor, Huntington's disease, Myasthenia gravis, Bell's or Cerebral palsy. Other: _____
Respiratory ☐	mmm/yyyy	Asthma, Chronic obstructive pulmonary disease, Emphysema, Chronic bronchitis, Tuberculosis, Pulmonary embolism, Lung cancer, Cystic fibrosis. Other: _____
Gastrointestinal ☐	mmm/yyyy	Gastroesophageal reflux disease, Peptic ulcer disease, Irritable or inflammatory bowel syndrome, Crohn's disease, Ulcerative colitis, Celiac disease, Gallstones, Hepatitis, Cirrhosis, Pancreatitis, Diverticulitis, GI cancer. Other: _____
Endocrine ☐	mmm/yyyy	Diabetes mellitus or insipidus, Hypo or hyper-thyroidism, Addison's disease, Cushing's syndrome, Polycystic ovary syndrome, Hypo or hyper-parathyroidism, Pheochromocytoma, Graves' disease, Hashimoto's thyroiditis, Thyroid nodules or cancer. Other: _____
Musculoskeletal ☐	mmm/yyyy	Osteoarthritis, Arthritis, Osteoporosis, Gout, Fibromyalgia, Carpal tunnel syndrome, Lower back pain, Sciatica, Herniated disc, Ankylosing spondylitis. Other: _____
Autoimmune ☐	mmm/yyyy	Rheumatoid arthritis, Systemic lupus erythematosus, Type 1 diabetes mellitus, Multiple sclerosis, Psoriasis, Sjögren's syndrome, Scleroderma, Vitiligo, Polymyositis, Dermatomyositis. Other: _____
Renal ☐	mmm/yyyy	Acute or chronic kidney disease, Glomerulonephritis, Nephrotic syndrome, Polycystic kidney disease, Nephrolithiasis, Diabetic or Hypertensive nephropathy, Renal tubular acidosis, Renal tumor. Other: _____
Psychiatric ☐	mmm/yyyy	Depression, Generalized anxiety disorder, Borderline or Bipolar disorder, Schizophrenia, Obsessive-compulsive disorder, Post-traumatic stress disorder, Social anxiety disorder, Attention-deficit/hyperactivity disorder, Autism spectrum disorder, Eating disorders, Insomnia. Other: _____
Surgical ☐	mmm/yyyy	Appendectomy, Cholecystectomy, Hernia repair, C-section, Hysterectomy, Mastectomy, Thyroidectomy, Tonsillectomy, Adenoidectomy, Joint replacement, Spinal surgery, Bowel resection, Coronary artery bypass graft, Angioplasty, Kidney or liver transplant, Splenectomy, Cataract surgery, Sinus surgery. Other: _____
Hospitalizations ☐	mmm/yyyy	Severe infection, Pneumonia, Asthma exacerbation, COPD exacerbation, Diabetic ketoacidosis, Hypoglycemia, Myocardial infarction, Stroke, Seizure, Head injury, Surgery recovery, Childbirth, Mental health crisis, Kidney stones, Acute abdominal pain, Gastroenteritis with dehydration, Allergic reaction, Blood transfusion, Trauma or accident, Cancer treatment. Other: _____
Transfusions ☐	mmm/yyyy	Red blood cell transfusion, Platelet transfusion, Plasma transfusion, Cryoprecipitate transfusion, Whole blood transfusion, Autologous blood transfusion, Granulocyte transfusion, Stem cell transplant (hematopoietic), Immunoglobulin infusion, other.
Trauma ☐	mmm/yyyy	Head injury, Concussion, Traumatic brain injury, Facial trauma, Spinal cord injury, Fractures, Dislocations, Soft tissue injury, Lacerations, Burn injury, Crush injury, Eye trauma, Dental trauma, Chest trauma, Abdominal trauma, Pelvic trauma, Limb amputation, Penetrating injury, Blunt force trauma, Occupational injury, Vehicle accident, Recreational accident, gun-shot wound, other.
Allergies ☐	mmm/yyyy	Drug allergy, Food allergy, Latex allergy, Insect sting allergy, Environmental allergy, Seasonal allergy, Mold allergy, Animal dander allergy, Dust mite allergy, Pollen allergy, Chemical sensitivity, Fragrance allergy, Metal allergy (e.g., nickel), Vaccine allergy, Contrast dye allergy, other. TREATMENT: _____



Last updated Oct 06, 2025 v9

Mark the date of vaccine administration with ■

[illegible]

Medical follow-up Use ☐ to indicate if present, ☐ if not and ☒ if physical examination is ok.

Medical conditions

Febrile illness

Respiratory tract infection

Gastrointestinal infection

Cardiovascular symptoms

Skin rash, exanthema, insect bites, lesions

Hemorrhagic manifestations

Central nervous system symptoms

Retro-orbital pain or conjunctivitis

Lymphadenopathy

Jan

Feb

Mar

Apr

May

Jun

Jul

Aug

Sep

Oct

Nov

Dec

Exposure risks

Participation in research field work

Arthropod bites during research field work

Handling of small mammals

Participation in human sampling

Needle-stick or sharps injuries

Laboratory accidents or spills

Personal protective equipment breach

Jan

Feb

Mar

Apr

May

Jun

Jul

Aug

Sep

Oct

Nov

Dec

Habits

Bouts of anxiety or depression

Alcohol or substance abuse

Workplace or domestic conflict

Interpersonal relationship problems

Dietary habits (G, M, B)

Exercise quantity and quality (G, M, B)

Sleep quantity and quality (G, M, B)

Study and work discipline (G, M, B)

Jan

Feb

Mar

Apr

May

Jun

Jul

Aug

Sep

Oct

Nov

Dec

Physical

Mucous membranes

Ears, nose and throat

Pupillary reflexes

Cervical lymph node palpation

Cardiopulmonary auscultation

Skin integrity & hand hygiene

Capillary refill

Jan

Feb

Mar

Apr

May

Jun

Jul

Aug

Sep

Oct

Nov

Dec

Adherence

Vaccination status

Security clearance

Protocol adherence

Lab logbook

Digital backup

Jan

Feb

Mar

Apr

May

Jun

Jul

Aug

Sep

Oct

Nov

Dec

Training

Handwashing

N95 respirator use

PAPR use

BSL-3 donning/doffing

Biosafety course

BSL-3 Ops

BSC work

Spill management

Jan

Feb

Mar

Apr

May

Jun

Jul

Aug

Sep

Oct

Nov

Dec

Physician

Name

Signature

Jan

Feb

Mar

Apr

May

Jun

Jul

Aug

Sep

Oct

Nov

Dec

Additional

Labs requested

Notes included

Jan

Feb

Mar

Apr

May

Jun

Jul

Aug

Sep

Oct

Nov

Dec

Vitals

Jan

Feb

Mar

Apr

May

Jun

Jul

Aug

Sep

Oct

Nov

Dec

Blood pressure

Body temperature

Respiratory rate

Heart rate

% SpO₂

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Medical follow-up Use ☐ to indicate if present, ☐ if not and ☒ if physical examination is ok.

Medical conditions

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Training

Handwashing

N95 respirator use

PAPR use

BSL-3 donning/doffing

Biosafety course

BSL-3 Ops

BSC work

Spill management

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Dec

Physician

Name

Signature

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Additional

Labs requested

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Blood pressure

Body temperature

Respiratory rate

Heart rate

% SpO₂

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Medical follow-up Use ☐ to indicate if present, ☐ if not and ☒ if physical examination is ok.

Medical conditions	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Febrile illness	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Respiratory tract infection	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Gastrointestinal infection	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Cardiovascular symptoms	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Skin rash, exanthema, insect bites, lesions	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Hemorrhagic manifestations	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Central nervous system symptoms	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Retro-orbital pain or conjunctivitis	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Lymphadenopathy	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Exposure risks	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Participation in research field work	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Arthropod bites during research field work	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Handling of small mammals	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Participation in human sampling	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Needle-stick or sharps injuries	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Laboratory accidents or spills	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Personal protective equipment breach	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Habits	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Bouts of anxiety or depression	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Alcohol or substance abuse	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Workplace or domestic conflict	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Interpersonal relationship problems	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dietary habits (G, M, B)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Exercise quantity and quality (G, M, B)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Sleep quantity and quality (G, M, B)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Study and work discipline (G, M, B)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Physical	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Mucous membranes	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Ears, nose and throat	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Pupillary reflexes	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Cervical lymph node palpation	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Cardiopulmonary auscultation	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Skin integrity & hand hygiene	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Capillary refill	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Adherence	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Vaccination status	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Security clearance	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Protocol adherence	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Lab logbook	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Digital backup	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Training	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Handwashing	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
N95 respirator use	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
PAPR use	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
BSL-3 donning/doffing	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Biosafety course	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
BSL-3 Ops	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
BSC work	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Spill management	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Physician	Name	Signature
Jan		
Feb		
Mar		
Apr		
May		
Jun		
Jul		
Aug		
Sep		
Oct		
Nov		
Dec		

Additional	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Labs requested	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Notes included	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Vitals	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Blood pressure												
Body temperature												
Respiratory rate												
Heart rate												
% SpO ₂												

Medical follow-up Use ☐ to indicate if present, ☐ if not and ☒ if physical examination is ok.

Medical conditions

Febrile illness

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Cardiovascular symptoms

Skin rash, exanthema, insect bites, lesions

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Adherence

Vaccination status

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Digital backup

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Oct

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Training

Handwashing

N95 respirator use

PAPR use

BSL-3 donning/doffing

Biosafety course

BSL-3 Ops

BSC work

Spill management

Jan

Feb

Mar

Apr

May

Jun

Jul

Aug

Sep

Oct

Nov

Dec

Physician

Name

Signature

Jan

Feb

Mar

Apr

May

Jun

Jul

Aug

Sep

Oct

Nov

Dec

Additional

Labs requested

Notes included

Jan

Feb

Mar

Apr

May

Jun

Jul

Aug

Sep

Oct

Nov

Dec

Vitals

Jan

Feb

Mar

Apr

May

Jun

Jul

Aug

Sep

Oct

Nov

Dec

Blood pressure

Body temperature

Respiratory rate

Heart rate

% SpO₂

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Medical notes

dd/mm/yyyy

dd/mm/yyyy

dd/mm/yyyy

dd/mm/yyyy



Medical notes

dd/mm/yyyy

dd/mm/yyyy

dd/mm/yyyy

dd/mm/yyyy



Medical notes

dd/mm/yyyy

dd/mm/yyyy

dd/mm/yyyy

dd/mm/yyyy