



### Category B Certification Form

This form shall be completed by those individuals working with only aquatic species, freshly harvested animal tissues/fluids from non-biohazardous animals, or requiring non-animal contact access to Freimann Life Science Center (FLSC) in the Galvin Life Science building.

**Part I: General Information – ALL FIELDS ARE REQUIRED** (unless otherwise noted)

Today's Date:		
First Name:	Middle Initial:	Last Name
Date of Birth (MM/DD/YYYY):		UND NetID (if available):
UND NDID (9 digit number found on the ND ID Card if available):		
Your Current Mailing Address: (Note – Inform the Wellness Center if your address changes)		
City:	State/Country:	Zip Code:
Email Address:		Phone Number:
Department at UND in which you will be working:		
UND PI or Faculty Member Name or Manager:		
Employment Status <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Post-doc <input type="checkbox"/> Graduate Student <input type="checkbox"/> Undergraduate <input type="checkbox"/> High School Student <input type="checkbox"/> Middle School Student <input type="checkbox"/> Summer Employee <input type="checkbox"/> Visitor/Collaborator <input type="checkbox"/> Contractor		
Is this a limited assignment? Yes / No If Yes, what is the end date?		

I attest that I:

- Will only have contact with aquatic species, freshly harvested animal tissues/fluids from non-biohazardous animals (animals not infected with a biological agent) or
- Will only enter the animal facility for observation of animal procedures or
- Am required to have access to the animal facility as part of administrative staff, maintenance, construction, or repair functions and will not handle animals.

I understand that my access to the animal facility may be restricted.

I agree to notify my PI or supervisor and a member of the Institutional Animal Care and Use Committee (IACUC) or Risk Management and Safety if there is a desire to change my anticipated exposure category. I agree not to perform any activities requiring the

**Medical & Occupational Health History Form for Animal Exposures (Category A Form)** until it has been approved.



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### Part II: Certification

I have read and agree to the requirements associated with the Category B requirements. I have provided accurate information to the best of my ability.

**Printed Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Date:**

**Signature:** \_\_\_\_\_

**Signature of Legal Guardian** (if under age 18): \_\_\_\_\_

Upon completing this Form, **forwarded both (2) pages** to Workforce Health  
The options for sending this form include:

1. Mailed to the Workforce Health at 19567 Cleveland Road, South Bend, IN 46637
2. Dropped off at the Workforce Health at 19567 Cleveland Road, South Bend, IN 46637
3. Secure faxed to 574-277-7690

**This Form will not be processed if information or signatures are missing.  
Processing may take up to 2 weeks.**

Once processed, access will be granted to the FLSC. You will not receive any confirmation.