

OCCUPATIONAL HEALTH PLAN ANNUAL NOTIFICATION

Enrollment and participation in the Occupational Health Plan is required for those individuals who care for or use animals or their tissues/fluids in their work. Please use this form to add or delete members of your laboratory from the UND Occupational Health Plan. Submit or mail the signed form to the Office of Safety at UND.safety@UND.edu.

SECTION 1: Current members of the laboratory enrolled in the UND Occupational Health Plan:

- | | |
|----|-----|
| 1. | 6. |
| 2. | 7. |
| 3. | 8. |
| 4. | 9. |
| 5. | 10. |

SECTION 2: The following members of the laboratory need to be removed from the UND Occupational Health Plan:

- | | |
|----|-----|
| 1. | 6. |
| 2. | 7. |
| 3. | 8. |
| 4. | 9. |
| 5. | 10. |

SECTION 3: The following members of the laboratory need to be added to the UND Occupational Health Plan:

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|----|-----|
| 1. | 6. |
| 2. | 7. |
| 3. | 8. |
| 4. | 9. |
| 5. | 10. |

Principle Investigator / Lab Supervisor Name:

Signature:

Date: