



## IBC Visitor Attestation

By signing below, I hereby attest to the following:

- I have read the UCLA IBC Visitor Policy.
- I have read the UCLA IBC Visitor Training Waiver Application and, to the best of my knowledge, all information provided is accurate.
- I have provided the Director of the UCLA Occupational Health Facility ([twudson@mednet.ucla.edu](mailto:twudson@mednet.ucla.edu)) with documentation of all pre-exposure medical surveillance and/or prophylaxis received at my home institution related to the biological work which will be done at UCLA. All medical records will be maintained by my home institution for the length of my employment + 30 years.
- I have access to post-exposure medical evaluation and surveillance through my home institution. All medical records will be maintained by my home institution for the length of my employment + 30 years.
- I understand that if I have special Personal Protective Equipment (PPE) requirements, I will bring my own equipment to UCLA.
- I have signed the Waiver of Liability, Assumption of Risk, and Indemnity Agreement available at <https://ucla.app.box.com/v/irm-gl-voluntary-waiver>.

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Visitor Name

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Visitor Signature

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Date