



CITY OF HARTFORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

131 Coventry Street

Hartford, Connecticut 06112

Telephone: (860) 757-4760 Fax: (860) 722-6677

www.hartford.gov



REPORT OF INFECTION FROM BODY ARTS PROCEDURE

Body Arts Establishment Name _____ Permit # _____

Address _____ Telephone# _____

Artist Name _____ # _____ Telephone # _____

Client Name _____ Telephone # _____

Client Address _____

Date of Procedure _____ Date Infection Reported _____

Type and Location of Procedure _____

Client's Description of Infection _____

Recommendation/Treatment _____

OWNER SIGNATURE _____ DATE _____

A COPY OF THE INFECTION RECORD MUST BE MAILED OR FAXED TO THE DIRECTOR OF HEALTH WITHIN FIVE WORKING DAYS, AND MUST BE KEPT AS PART OF THE ESTABLISHMENT FOR TWO YEARS FROM THE DATE OF THE INFECTION REPORT.

Mail or Fax To:

Epidemiology

Attn: Tung Nguyen

Health and Human Services Department

131 Coventry Street

Hartford, CT 06112

(860) 757-4726

Fax: (860) 722-6851

For Health and Human Services Department use only:

Date reported to Health and Human Services Department _____

Name of HHS employee receiving information _____