



SOUTHEASTERN UTAH DISTRICT HEALTH DEPARTMENT

28 S 100 E
PO BOX 800
Price, UT 84501
(435) 637-3671

Application for Body Art

Technician Permit

Name:		Phone Number:
Street Address:		City/State/Zip:
Date of Birth:	Social Security Number: - -	Gender:
Mailing Address (if different from above):		City/State/Zip:
Name of Employer:		
Street Address:		City/State/Zip:

Medical History

Have you ever been told that you have been infected with Hepatitis B or C? Yes _____ No _____
Have you been immunized against Hepatitis B? Yes _____ No _____
Proof Provided:
Physician's Signature _____
Immunization titer _____
Vaccination Record _____

Training/Experience

Please list all applicable training and/or experience you have received (Refer to Sec 5B.3 g,h, and i. Include copies of certificates, diplomas, etc. Be specific): _____

Education and Knowledge

Please describe your knowledge as required in Sec 5B.4 a,b,c. Be specific: _____
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