



151 North Main Street
Environmental Health, Suite 140
Tooele, Utah 84074
Phone (435) 277-2440 Fax (435) 277-2444
Email: eh@tooelehealth.org

APPLICATION FOR BODY ART OPERATOR HEALTH CARD

Name: _____

Street Address: _____

Mailing Address: _____

Phone Number: _____ Cell Number: _____

Email Address: _____ Fax Number: _____

Date of Birth: _____ Sex: Female _____ Male _____

Name of Body Art Establishment Where Employed: _____

All of the above statements are true. I understand that any false information on this application may be cause for denial or revocation of my Body Art Operator Health Card.

Signature

Date

Permit expires two (2) years from issue date.

Also provide:

Aftercare instructions (signature & date line), Sec 5.1

Medical release form, Sec 6.1

Inventory and Body Art Procedures/Employee information form, Sec 3.1

Proof of Hep. B vaccination series, Sec 3.13

Completion of approved online blood borne pathogen-training course:

<https://www.abovetraining.com/bloodborne-pathogens/utah/tooele-county-health-department>

OFFICE USE ONLY

Amount Due: _____ Receipt Number: _____

Permit Number: _____ Date: _____

Permit Expires: _____ E.H Signature: _____