



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



PEDRO E. SEGARRA
Mayor

Raul Pino
Director

REPORT OF INFECTION FROM BODY ARTS PROCEDURE

Client Name _____ DOB _____ Telephone # _____

Client Address _____

Date of Procedure _____ Date Infection Reported _____

Type and Location of Procedure _____

Describe Infection _____

Recommendation/Treatment _____

Body Arts Establishment Name _____ Permit # _____

Address _____ Telephone # _____

Artist Name _____ # _____ Telephone # _____

REPORT PREPARER'S SIGNATURE _____ DATE _____

ADDRESS _____

TELEPHONE # _____

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:

Disease Prevention & Health Promotion
Health and Human Services Department
131 Coventry Street
Hartford, CT 06112
Fax (860) 722-6826 or (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 _____