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Director

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Health Officer

BODY ART PRACTITIONER ANNUAL REGISTRATION

CHECK ONE: New Registration Renewal

I. PROCEDURES TO BE PERFORMED: (PLEASE CHECK ALL THAT APPLY.)

Tattooing Body Piercing Permanent Cosmetics Branding

II. APPLICANT INFORMATION

Name:	AKA/Nickname if applicable:		
Mailing Address:	City:	State:	Zip:
Phone Number:	Email Address:		
Date of Birth:	Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	
Driver's License/ID Type (Attach a copy.):	Identification Number:		
Bloodborne Pathogen Training: Attach a copy of the certification.			
Date Completed:	Training Provided By:		
Hepatitis B Vaccination Status: Select your vaccination status and attach documentation.			
<input type="checkbox"/> Certificate of Completed	<input type="checkbox"/> Contraindicated for Medical Reasons		
<input type="checkbox"/> Vaccination	<input type="checkbox"/> Vaccination Declination		
<input type="checkbox"/> Laboratory Evidence of Immunity			

III. PRACTITIONER WORK LOCATION(S)

1. Permitted Body Art Facility Name:			
Address:	City:	State:	Zip:
Owner/Manager:	Phone Number:		
2. Permitted Body Art Facility Name:			
Address:	City:	State:	Zip:
Owner/Manager:	Phone Number:		

I am certifying that I have read, have knowledge of, and commit to complying with the applicable State laws regulating Body Art (Safe Body Art Act, California Health and Safety Code, Chapter 7 of Part 15 of Division 104, commencing with Section 119300).

I declare that to the best of my knowledge the information I have provided in this document is true and accurate. I agree to conform to all conditions, orders, and directions issued pursuant to the California Health and Safety Code, and all applicable County and City ordinances. I also agree to notify this office within 30 days of any changes in the above information. The permit shall be posted in a conspicuous place within the permitted body art facility.

Signature: _____ Date: _____

FOR OFFICE USE ONLY:				
PE:	Invoice #:	Approved By:	Date:	FA #:

Vicki Jones, MPA, REHS
Environmental Health Director

Jessica Montoya-Juarez, MS
Assistant Public Health Director

Yadira Vazquez, MBA
Assistant Public Health Director

James Clark, MICP, MHOAC
EMS Administrator

HEPATITIS B VACCINE (Must complete section A or B)

A. Statement of Declination to Receive Hepatitis B Vaccination

I understand that due to my occupational exposure to blood or other potentially infectious material (OPIM) I may be at risk of acquiring the hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or OPIM and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me. (Excerpt from: Bloodborne Pathogens and Acute Care Facilities. OSHA Publication 3128, (1992))

Initial

I do not wish to receive the Hepatitis B Vaccine.

If I choose to be vaccinated for Hepatitis B at a later date, I will provide a copy of vaccination record and a revised Hepatitis B Vaccine Declination Form.

B. Statement of Completion of Hepatitis B Vaccination

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection.

Initial

I have already received my Hepatitis B vaccination. (Provide a copy of vaccination record)

Date of Vaccination: _____

Body Art Facility Name: _____

Initial

I have received a copy of the Infection Prevention Control Plan.

I have been advised of the availability of Personal Protective Equipment.

Practitioner Name: _____

Practitioner Signature: _____ **Date:** _____