

Body Art Employee/Technician/Contractor Record

- Employee who performs body art procedures** (Complete Sections 1 – 5)
- Employee who does not perform body art, but is exposed to blood or other potentially infectious material** (Complete Sections 1, 4 and 5)
- Contractor or technician who performs body art procedures** (Complete Sections 1 – 5)

Section 1

Full Legal Name: _____

Date of Birth: _____ **Gender (circle one):** Female Male

Home Address: _____

Street Address

City/State

Zip Code

Home Telephone: (____) _____ - _____

Work Telephone: (____) _____ - _____

Section 2

Please describe the individual’s exact duties/responsibilities at the body art facility.

Please list any prior or current places of employment as a body art technician (if applicable), if known.

Please describe the employee/technician/contractor’s training and experience:

Section 3

- Include with record an identification photo.

Section 4

- Include with record documentation of completed training requirements outlined in the Michigan Department of Community Health’s *Requirements for Body Art Facilities*.

Section 5

- Include with record documentation of hepatitis B vaccination status OR a Hepatitis B Vaccine Declination Form signed by the employee/technician/contractor.

Recommended for All Employees/Technicians

- Include with record a copy of the Client Confidentiality Statement signed by the employee/technician/contractor, if she or he has access to client records.