

Janet T. Mills
Governor

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Commissioner



Maine Department of Health and Human Services
Maine Center for Disease Control and Prevention
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DEPARTMENT OF HEALTH AND HUMAN SERVICES INFECTED CLIENT REPORT FORM

☐ Body Piercing ☐ Electrology ☐ Micropigmentation ☐ Tattooing

The owner or operator of the establishment shall report all infections resulting from the practice of tattooing, body piercing, electrology or micropigmentation which the practitioner knows to the Department within twenty-four (24) hours.

Please provide the following information:

The infected client shall be referred to a physician. Has the client been referred? Yes / No

Name of the establishment: _____

Location of the establishment: _____

Name of the establishment owner/operator: _____

Establishment telephone #: _____ Date procedure performed: _____

Name of the individual who performed the procedure: _____

Is the individual who performed the procedure licensed? Yes / No License #: _____

Client name: _____ Client Phone #(s): _____

Establishment owner operator remarks: _____

Individual who performed procedure remarks: _____

(Please put additional notes/remarks on the back of this form or attached sheet)

Send: * this completed form * copy of aftercare instructions (signed by client if applicable)

* copy of client's permanent record

To: **Rebecca Walsh:** rebecca.walsh@maine.gov

Department of Health & Human Services

Division of Environmental and Community Health

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