



Madison County Health Department
206 E 9th Street * Anderson, IN 46016 * 765-641-9523

PERMIT APPLICATION FOR A TATTOO/BODY PIERCING ARTIST

Name of Artist:
Please list other names you've been known by:
Date of Birth: Social Security Number:
Home Address: City: Zip:
Telephone: Cell Home Other
Facility Name:
Facility Address: City: Zip:
Facility Phone:

Please select what permit you are applying for: Tattoo Body Piercing Both

All artists shall comply with minimum training requirements as required by Madison County Ordinance 2002-BC-0-5.

I, hereby apply for a permit to practice as a Tattoo Artist, Body Piercing Artist, or both (as stated above) in a licensed Tattoo/Body Piercing Establishment in Madison County, Indiana. I also agree to strictly follow all of Madison County and the State of Indiana code(s), laws and regulations pertaining to the operation(s) of Tattoo/Body Piercing Establishments.

Tattoo Artist and Body Piercer Responsibilities/Requirements state that each artist must provide documentation of the following information to the Madison County Health Department. This documentation must also be on file at the licensed Tattoo/Body Piercing Establishment and available for inspection upon request. All applicable corresponding documentation below must be submitted with this permit application. Check the following which applies to you:

- I have completed the Hepatitis B vaccination series (and am submitting shot record/date verification).
I have been offered, and declined, in writing, the Hepatitis B vaccination series (declination form required).
I have not completed the Hepatitis B vaccination series but am providing documentation showing at least the first of the series has been received and will show proof of completion of the series within six months of issue of this permit.

By signing, I am agreeing to all conditions listed herein and verify the information provided is accurate.

Signature

Date

Make all checks or money orders payable to: Madison County Health Department

Table with 4 columns: PERMIT TYPE, ANNUAL PAYMENT, LATE FEE, (PRO-RATING) AFTER OCTOBER 1ST. Row 1: Tattoo/Body Piercing Artist, \$100.00, \$10.00, \$50.00

Signature of Applicant

Date



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Tattoo and/or Body Piercing Artist Applicant's Statement of Health—ONLY to be done with initial application

_____ has been examined by me and I am not aware of any health condition that
 Applicant's printed name

that would adversely affect this individuals ability to safely provide tattoo and/or body piercing services.***

***Madison County Tattoo and Body Piercing Ordinance 3rd amendment, No. 2017-BC-0-17, states a physician signed Statement of Health must be completed with *initial* application within the 30 day period preceding the date of application for a permit, or unless medically necessary. See section 9. Statement (A) (below).

***No lab work is required unless thought to be necessary by the under signed physician.

*** A Tuberculosis skin test is required. Applicants may obtain this test in a physician's office or at the Madison County Health Department on Monday and Tuesday, from 8am-11am and 2pm-3:30pm. Test must be read in 48 to 72 hours.

 Physician signature _____
 Date

Tuberculosis Test—Must be completed annually

Date Given	Date Read	Result	mm	Test read by
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Section 9. Statement (A): Tattoo artists or body piercers who are experiencing symptoms of acute disease which includes, but are not limited to, diarrhea, vomiting, fever, rash, productive cough, jaundice, or draining (or open) skin infections, boils, impetigo, or scabies, shall refrain from providing tattoos or performing any body piercing.



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HEPATITIS B DECLINATION FOR TATTOO ARTISTS AND BODY PIERCERS

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. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I will remain at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and want to be vaccinated with the Hepatitis B vaccine, I can receive the vaccine.

OR

I received the Hepatitis B vaccine at _____ (specific location) on the following dates _____, _____, _____.

OR

I have received the Hepatitis B vaccine in the past and was tested for the Hepatitis B Surface Antigen (HBsAg), Surface Antibodies (HBsAb) or Core Antibodies (core anti-HBV) at _____ (specific location). The results of the tests were:

HBsAG _____.

HBsAB _____.

Core anti-HBV _____.

Artist Name (printed): _____

Artist Signature: _____

Date: _____

Witness Name (printed): _____

Witness Signature: _____

Date: _____

Health Inspector Name (printed): _____

Health Inspector Signature: _____

Date: _____

BLOODBORNE PATHOGENS TRAININGS

Annual refresher for Bloodborne Pathogens or Universal Precautions is part of the OSHA Standard 29 CFR 1910.1030. The following are some of the online courses available, which must be updated by all artists on a yearly basis.

- **CATHY MONTIE'S BLOODBORNE PATHOGENS EXPOSURE CONTROL TRAINING CLASS** <http://www.cathymontie.com/classes-bbp-usa.php>
- **PRO BLOODBORNE** <http://www.probloodborne.com/en/courses>
- **EDUWHERE** http://www.eduwhere.com/solutions_tattoo.php?r=g
- **INTERNATIONAL CPR INSTITUTE** <http://www.icpri.com>
- **BLOODBORNEPATHOGENSTRAINING.COM**
<http://www.bloodbornepathogenstraining.com>
- **VMD HEALTH CARE TRAINING** <http://www.mymedcerts.com/bbp.cfm>
- **COMPLIANCE TRAINING INSTITUTE**
<http://www.oshabloodbornepathogens.com>
- **QUALITY SAFETY TRAINING**
<http://www.qualitysafetytraining.com/main/index.php>

*This list is not an endorsement of the above listed companies, nor is it intended for the exclusion of any companies not listed. This list may not be complete, and therefore, establishments and artists are also encouraged to research on their own to find additional companies that may be capable of providing these services. We welcome any additional information on companies that can be added to this list. Please contact the Madison County Health Department at 765-646-9207 with any suggestions or comments.