New Jersey Department of Health

BODY ART INFECTION/INJURY REPORT

Copies of the Body Art Infection/Injury Report forms must be mailed to the Department of Health in January of each year!

SECTION I - INFORMATION ON LOCAL HEALTH DEPARTMENT RESPONDING TO REPORT		
Name of Local Health Department		
Address, City, State, Zip Code		
Name of LHD Official Receiving Report	Telephone No.	Fax No.

SECTION II - INFORMATION REPORTED BY BODY ART ESTABLISHMENT		
1. Date Incident Reported by Victim	2. Name of Person Reporting Incident	
3. Time Incident Reported	4. Name of Artist	
5. Name and Address of Body Art Establishment (where procedure was performed)		6. Business Telephone No.
7. Parent or Legal Guardian's Signed Consent for Procedure to be Performed (if victim is a minor): • Fax copy to Local Health Department	8. Client's Application and Aftercare Instructions: • Fax copies to Local Health Department	
9. Name of Victim (Last, First, MI)		10. Date of Birth
11. Street Address		12. Home Telephone No.:
13. City, State, Zip Code		14. Business Telephone No.:
15. Date of Procedure	16. Time of Procedure	17. Sex ☐Male ☐Female
18. Race ☐White ☐Black ☐Hispanic ☐Asian/Pacific Islander ☐Other ☐Don't Know		
19. Did the victim's health history list any of the following medical conditions? ☐Diabetes ☐Allergies ☐Skin Conditions ☐Medications ☐Other: _____		

SECTION III -INVESTIGATION
A - INTERVIEW WITH VICTIM

20. Date of Interview

INTERVIEWER'S INSTRUCTIONS:
Read everything to the individual being interviewed and check all appropriate answers.

INTERVIEWER'S SCRIPT:
Hello! I am _____ with the _____ Health Department and we are working with the New Jersey Department of Health to identify risk factors for infections or injuries which may have resulted from a body art procedure. We are trying to determine the cause so that we can prevent any future problems. I need about 15 minutes of your time.

***If answer is YES** -- Skip to "Information on Victim."*

***If answer is NO** -- is there a better time when I can call?*

Day: _____ *Date:* _____ *Time:* _____ ☐*AM* ☐*PM*

***If answer is NO, also state the following:** It is really important that we find out what is causing this problem. All your answers will be kept confidential, and I will try to keep this interview as short as possible.*

If answer is still NO -- Thank you for your time!

BODY ART INFECTION/INJURY REPORT, CONTINUED

B - INFORMATION ON VICTIM

INTERVIEWER'S SCRIPT:
First, I would like to obtain some basic information (continue with questions).

21. What kind of work do you do?
☐Office ☐Service ☐Construction ☐Professional ☐Student ☐Other: _____

22. Did you stop working as a result of your infection/injury?
☐Yes ☐No

23. If Yes, what date did you return to work?

24. Did you do any of the following within one month after the procedure?

a. Did you go on vacation after the procedure? ☐Yes ☐No
If Yes, where did you go?
b. Did you go swimming after the procedure? ☐Yes ☐No
c. Were you on the beach after the procedure? ☐Yes ☐No
d. Were you in the sun after the procedure? ☐Yes ☐No
e. Were you involved in any sports/physical activities after the procedure? ☐Yes ☐No

If Yes (items a through e) explain:

C - INFORMATION ON THE PROCEDURE

INTERVIEWER'S SCRIPT:
Now I would like to ask you some questions related to the body art procedure.

25. What Body Art procedure was performed?
☐Tattoo ☐Permanent Cosmetics ☐Ear Piercing

26. On what part of the body was the procedure performed?
☐Nose ☐Tongue ☐Ear Lobe ☐Hand ☐Back
☐Lip ☐Face ☐Nipple ☐Arm ☐Abdomen
☐Eyebrow ☐Trailing Edge of Ear ☐Navel ☐Foot ☐Other:
☐Eyelid ☐Upper Outer Edge of Ear ☐Genitals ☐Leg _____

27. How long did the procedure take?
☐Less Than 1 Hour ☐1 to 2 Hours ☐2 to 3 Hours ☐Greater Than 3 Hours

28. Type of jewelry artist used (gold, silver, etc.):

29. Did you receive after care instructions from the artist?
☐Yes ☐No

30. Did you notify the artist of your medical problem?
☐Yes ☐No

31. If Yes, date you notified the artist of your medical problem:

D - MEDICAL AND TREATMENT INFORMATION

Now I would like to ask you some questions about your skin reaction or infection. Please answer Yes if you have had any of the following symptoms. (Note: Refer <u>all</u> outstanding medical issues to a physician.)

32. Did your physician confirm any of the following?
☐ Inflammation ☐ Lesions ☐ Headache ☐ Vomiting
☐ Fever ☐ Allergic Reaction ☐ Anorexia ☐ Jaundice
☐ Pain ☐ Keloids ☐ Rash ☐ Blurred Vision
☐ Warts ☐ Malaise ☐ Nausea ☐ Other: _____

33. What date did the first symptoms appear?

34. Were you taking any medications prior to the procedure?
☐No ☐Yes-Name of Medication:

35. Were you admitted to a hospital, emergency clinic or emergency room? ☐Yes ☐No
a. What hospital? _____
b. Location: _____
c. Admission Date: _____ d. Telephone No.: _____

BODY ART INFECTION/INJURY REPORT, CONTINUED

D - MEDICAL AND TREATMENT INFORMATION, CONTINUED

36. Did you see a physician or other health care professional for this skin reaction or infection? ☐Yes ☐No

a. Name of physician or health care professional: _____

b. Address: _____

c. Date Seen: _____ d. Telephone No.: _____

37. Did the physician give you any medications?

☐Yes ☐No

If Yes, -Name(s) of Medication:

38. Did you have any blood work done as a result of this incident?

☐Yes ☐No

If Yes, what was it for:

☐HIV ☐HBV ☐Both

☐Other: _____

39. Did your physician or health care professional confirm a diagnosis?

☐Yes ☐No If Yes, what was the diagnosis?

☐Keratoconjunctivitis	☐Pyogenic	☐Corneal Abrasion	☐Chipped Tooth/Teeth
☐Cellulitis	☐Impetigo	☐Allergic Reaction to Pigments/Dyes	☐Loss of Eyelashes
☐Staphylococcal	☐Eczema	☐Allergic Reaction to Latex	☐Ectropion
☐Streptococcal	☐Viral Hepatitis	☐Pigment Migration	☐Entropion

☐ Other (be specific): _____

40. What were the results of laboratory tests?

E - FOLLOW-UP ACTION BY INVESTIGATOR

41. Date of Last Inspection

42. Was an investigation conducted as a result of this Infection/Injury Report?

☐Yes ☐No ☐N/A

If Yes, date of investigation:

If Yes, provide comments below:

43. Was enforcement action taken?

☐Yes ☐No ☐N/A

If Yes, date of enforcement action:

If Yes, provide comments below:

44. Comments: