

BODY ARTIST SIGN OFF LETTER

I _____ have employed _____ at
Owner Artist

Body Art Establishment

If this artist leaves my employment I agree to notify the Cheyenne-Laramie County Health Department’s Division of Environmental Health immediately.

Owner Date

HEALTH REQUIREMENTS

I _____ to the best of my knowledge am free of communicable disease.
Artist

I _____ (Check one of the following):
Artist
Have been vaccinated for Hepatitis B ___ or Decline vaccination ___

FOR USE BY CHEYENNE-LARAMIE COUNTY HEALTH DEPARTMENT

DATE FEE PAID: _____
AMOUNT PAID: _____
PAYMENT TYPE: _____
PERMIT #: _____

WRITTEN PROOF OF BBPT: _____ **DATE OF BBPT:** _____
COMMUNICABLE DISEASE AFFIRMATION: _____
HEP B VACCINATION OR LETTER: _____
EMPLOYMENT IN A LICENSED ESTABLISHMENT: _____

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