

REPORT OF INJURY DURING USE OF A TANNING DEVICE

To: Iowa Department of Public Health
Bureau of Radiological Health/5th Floor
Lucas State Office Bldg
321 East 12th Street
Des Moines, IA 50319

515/281-0415

Injured person's name: _____

Name of facility: _____

Address of facility: _____

Nature of injury: _____

Name of doctor treating patient: _____

Address of doctor: _____

Phone: _____

Addition information: _____

**FORWARD COPY TO IDPH WITHIN 5 WORKING DAYS OF INJURY OR
NOTIFICATION OF INJURY.**