



BETHEL HEALTH DEPARTMENT
Clifford J. Hurgin Municipal Center, 1 School Street, Bethel, Connecticut 06801- (203) 794-8539

Request for Tick Analysis Form

Date: _____

Name of Person requesting tick analysis: _____
(i.e. Mother, Father, Guardian, etc.)

Address: _____

Phone No: _____

INFORMATION ON PERSON BITTEN BY TICK:

Name: _____

Age: _____ Sex: Male Female

Date Tick was Removed: _____

Part of body where the tick was found: _____
(i.e. neck, crease of elbow, scalp, etc.)

Town in which the tick was acquired: _____

If you have any further questions please call (203) 794-8539.

Immediate Response:

Answered Queries on: _____ Referred to: _____

Mailed printed material: _____ Promised Action: _____

Action Taken: _____

Intake Worker: _____ Date: _____