

# TATTOOING AND PIERCING CONSENT FORM

*In accordance with the Monroe County ordinance on tattooing, the appropriate lines on this form must be completed by the applicant prior to the Certified Operator, \_\_\_\_\_beginning any type of tattooing or body piercing. **All answers must be legible***

I, \_\_\_\_\_, consent to this tattooing or piercing (circle those that apply). I acknowledge that I am eighteen (18) years of age or older. I have shown my valid I.D. card. I also acknowledge that the above said business is not responsible for any mishap or injury occurring during or after that tattooing or piercing. I agree to keep the area clean and infection free. I must use normal hygiene and follow instructions to clean the area and keep it infection free. I acknowledge that the artist is using sterile equipment to do the tattooing or piercing.

**Answer the following Health History questions YES or NO:**

**DO YOU HAVE A HISTORY OF:**

- Jaundice or hepatitis\_\_\_\_\_
- Lymphadenopathy or lymphadenitis (swelling or the lymph nodes)\_\_\_\_\_
- Blood donation exclusion for other than hypertension and immediate illness\_\_\_\_\_
- Skin disease or skin cancer\_\_\_\_\_
- Allergies or anaphylactic reaction to needle injection\_\_\_\_\_
- Are you generally in good health today\_\_\_\_\_
- A history of diabetes\_\_\_\_\_
- Skin diseases, skin lesions or skin sensitivities to soaps, disinfections, etc.\_\_\_\_\_
- Allergies or adverse reactions to pigments, dyes, or other skin sensitivity\_\_\_\_\_
- Epilepsy, seizures, fainting or narcolepsy\_\_\_\_\_
- Taking medications, such as anticoagulants, which thin the blood and/or interfere with blood clotting\_\_\_\_\_
- History of communicable disease\_\_\_\_\_

\_\_\_\_\_  
Print your name, First, Middle Initial, Last

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Print your permanent address      STREET                      CITY                      STATE                      ZIP

I certify that the above stated information is true to the best of my knowledge.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

**Certified Operator Use Only**

\_\_\_\_\_  
Certified Operators Name

\_\_\_\_\_  
Date

Work performed and description of work including, but not limited to the colors, location of work and design

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Equipment used for procedure\_\_\_\_\_

Date equipment was sterilized\_\_\_\_\_

Attach register temp. tape here