

Concord Health Division

Company Contact Information (required)

Company Name:
Address:
Phone:

**ALL TATTOO CLIENTS MUST SIGN AND RECEIVE A COPY OF THIS FORM,
PRIOR TO ANY TATTOO PROCEDURE. KEEP ORIGINAL FORM ON PREMISES.**

TATTOO DISCLOSURE STATEMENT AND CONSENT FORM

- As with any invasive procedure, tattooing may involve possible health risks. These risks may include:
 - (a) pain, bleeding, swelling;
 - (b) scarring, hypertrophic scarring, and keloid formation;
 - (c) possible adverse or allergic reaction to ink / dye / pigment;
 - (d) decreased ability of physician to locate skin melanoma in tattoo area;
 - (e) possible nerve damage;
 - (f) febrile (fever) illness;
 - (g) tetanus; and
 - (h) infection - local or systemic
- Unsterile equipment and needles can spread infectious diseases; it is extremely important to be sure that all equipment is clean and sanitary before use.
- The inks, or dyes, used for tattoos are color additives. Currently no color additives have been approved by the FDA for tattoos.
- Tattoos should be considered permanent. Removal of a tattoo may require surgery or other medical procedures which in some cases may result in scarring or additional scarring of the skin. Tattoos may cause permanent discoloration. Inks / dyes / pigments may change color over time. Think carefully before getting a tattoo.
- Blood donations cannot be made for one year after getting a tattoo.

The Tattoo Practitioner should:

- Properly and thoroughly cleanse the area before the tattooing procedure.
- Use sterilized equipment.
- Use sterile techniques.
- Provide information on the aftercare of the area receiving a tattoo.

HEALTH HISTORY

The following conditions may increase health risks associated with receiving a tattoo:

- (a) diabetes;
- (b) hemophilia (bleeding);
- (c) skin diseases, lesions, or skin sensitivities to soaps, disinfectants etc.;
- (d) history of allergies or adverse reactions to pigments, dyes, or other sensitivities;
- (e) history of epilepsy, seizures, fainting, or narcolepsy;
- (f) use of medications such as anticoagulants, (such as coumadin) which thin the blood and/or interfere with blood clotting; and
- (g) hepatitis or HIV infection

RECOMMENDED INSTRUCTIONS FOR THE AFTERCARE OF TATTOOS

Note: Your tattoo practitioner's instructions may vary from these.

- Treat your new tattoo as an open wound. Keep it clean. Do not touch healing tattoos with dirty hands.
- Before cleaning the tattooed area, wash hands thoroughly with soap and warm water.
- **Carefully** remove the gauze bandage and tape. Don't rip it off. If the gauze sticks, use a tiny bit of warm water to remove.

Do not change this form without permission from the Concord Health Division

- Using mild soap and cool water, **gently and carefully** cleanse the area, and pat dry. Do not rub with washcloth or towel.
- Apply a thin layer of antibiotic ointment (Bacitracin, Neomycin-Polymyxin) on the tattoo.
- Repeat cleansing and application of the antibiotic ointment 2-4 times a day for 3 days.
- Healing usually takes 7 to 10 days, depending on the size of the tattoo. As it heals, expect peeling like sunburned skin.
- Do not pick at scabs.
- Avoid sunburn, salt or chlorinated pool water, hot tubs, saunas and steam baths while the tattoo is healing.
- Itching is expected. Don't scratch the tattoo.

Consult a health care provider for:

- (a) unexpected redness, tenderness or swelling at the site of the tattoo
- (b) rash
- (c) unexpected drainage at or from the site of the tattoo
- (d) fever within 24 hours of the tattoo

DESCRIPTION OF BODY ART (to be completed by tattoo artist)

Description:	
Ink / dye manufacturer(s):	Product code(s):
I am a licensed (check one): <input type="checkbox"/> Professional <input type="checkbox"/> Apprentice Tattoo Artist	
Signature:	Date(s) of Procedure:

CLIENT CONSENT (to be completed by client)

I have read and understand the above information.
 I do not have a condition that prevents me from receiving a tattoo.
 I am not under the influence of any drug or alcohol.
 I am not pregnant and don't suspect that I may be pregnant.
 I consent to the performance of the tattooing procedure and I have been given verbal and written aftercare instructions (both sides of this page) as required by the Cambridge Body Art Regulation.
 My information will be kept confidential.
 A copy of this document will be provided to me.

Client Information (required)	
Name:	Date of Birth*:
Address:	
Phone:	Valid Identification Required (Photo ID). Attach copy.
I understand that the artist is a licensed (check one): <input type="checkbox"/> Professional <input type="checkbox"/> Apprentice Tattoo Artist	
Signature:	Date:
* No person under the age of 18 may receive a tattoo.	

PROCEDURE FOR FILING A COMPLAINT

If there is any injury, infection, complication or disease as a result of a tattoo procedure, notify this establishment and the
 CONCRD HEALTH DIVISION, 141 KEYES RD.,
 CONCORD, MA 01749
 Questions? Call (978) 318 3275.

Photocopy client identification here.