

Concord Health Division

Company Contact Information (required)

Company Name:
Address:
Phone:

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

BODY PIERCING DISCLOSURE STATEMENT AND CONSENT FORM

- As with any invasive procedure, body piercing may involve possible health risks. These risks may include:
 - (a) pain;
 - (b) bleeding;
 - (c) swelling;
 - (d) infection;
 - (e) scarring of the area; and
 - (f) nerve damage.
- Unsterile equipment and needles can spread infectious diseases; it is extremely important to be sure that all equipment is clean and sanitary before use.
- You may not be allowed to donate blood either temporarily or permanently.

The Piercing Practitioner should:

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

HEALTH HISTORY

The following conditions may increase health risks associated with receiving body art:

- (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 PIERCINGS

Note: Your piercer's instructions may vary from these.

- Treat your new piercing as an open wound. Keep it clean. Body piercings need to be cleaned once or twice daily, every day, for the entire initial healing time.
- Do not touch healing piercings with dirty hands.
- Before cleanings, wash hands thoroughly with soap and warm water.
- Rinse or soak the pierced area with warm water to remove any stubborn crust using a cotton swab and warm water.
- Apply a small handful of mild antibacterial soap to the area with your clean hands.
- Cleanse the area and the jewelry, and gently rotate the jewelry back and forth a few times to work the soap to the inside.
- Allow the solution to remain there for a minute. Bathe normally; don't purposely work anything other than the cleanser onto the inside of the piercing.
- Rinse the area thoroughly under running water, while rotating the jewelry back and forth to completely remove the cleanser from the inside and outside of the piercing.

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

- Gently pat dry with disposable paper products such as gauze or tissues, as cloth towels can harbor bacteria.

Consult a health care provider for:

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

DESCRIPTION OF BODY ART (to be completed by piercer)

Description:	
I am a licensed (check one): <input type="checkbox"/> Professional Piercer <input type="checkbox"/> Apprentice Piercer	
License Number:	
Signature:	Date(s) of Procedure:

CLIENT CONSENT (to be completed by client)

I have read and understand the above information.

I agree to inform the body art practitioner if I have any chronic medical or communicable conditions.

I agree to adhere to the exposure control plan of this establishment as pertains to clients.

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 piercing procedure and I have been given verbal and written aftercare instructions 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 Piercer <input type="checkbox"/> Apprentice Piercer	
I have been asked about and (check one): <input type="checkbox"/> Disclosed or <input type="checkbox"/> Declined to disclose my health history	
Signature:	Date:

PARENT OR GUARDIAN CONSENT (to be completed if client is under 18 years old)

I have read and understand the above information.

I consent to the piercing procedure as described above for my child.

Parent or Legal Guardian Information (required)	
Name:	Phone:
Proof of parentage or legal guardianship required, e.g. minor's birth certificate, court order of guardianship. In addition, notarized document specifying consent to piercing procedure if parent not present. Attach copy.	
Signature:	Date:

PROCEDURE FOR FILING A COMPLAINT

If there is any injury, infection complication, or disease as a result of a piercing procedure, notify this establishment and the Concord Health Division, 141 Keyes Rd, Concord MA 01742 Questions regarding safety, sanitation, or sterilization? Call (978) 318 3275.

Photocopy client identification here.