

SAMPLE

SHOP _____ ARTIST _____

Medical History, Consent and Release Form

Please check any and all conditions that apply to you as listed below:

- | | | | |
|------------------------------------|---|---|-------------------------------------|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Infections |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Scarring/Keloiding | <input type="checkbox"/> Eczema/Psoriasis | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> T.B. | <input type="checkbox"/> Pregnant/Nursing | <input type="checkbox"/> Skin Conditions | |
| <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Blood Thinners | <input type="checkbox"/> Faint or Dizzy | |

How long has it been since you last ate? _____

Do you have any allergies? _____

Are there any other known MEDICAL or SKIN CONDITIONS that may affect your tattoo procedure? _____

I HAVE READ AND UNDERSTOOD AND AGREED TO THE FOLLOWING:

- 1) I hereby certify that to the best of my knowledge this information is correct.
- 2) All questions have been answered to my satisfaction.
- 3) I agree the said tattoo is correctly drawn to my specification.
- 4) I understand that the said tattoo is permanent
- 5) This is to certify that I am at least 18 years of age.
- 6) I am not under the influence of ALCOHOL or DRUGS and am voluntarily submitting to be tattooed without duress or coercion.
- 7) I understand that there is a possibility of an allergic reaction.
- 8) I understand that there is a possibility of an infection.
- 9) I agree to follow all instructions concerning the care of my tattoo, and that any touch-ups needed due to my own negligence will be done at my own expense.
- 10) Variations in color and design may exist between the tattoo art I have selected and the actual tattoo when it is applied to my body. I also understand that over time, colors and the clarity of the tattoo will fade due to unprotected exposure to the sun and the naturally occurring dispersion of pigment under the skin. I understand that there is a chance I might feel lightheaded, dizzy during or after being tattooed.
- 11) I agree to immediately notify the artist in the even I feel lightheaded, dizzy and/or faint before, during or after the procedure.

By signing this release, I agree to all clauses state above.

Name _____ Birth Date _____ Age _____ ID#/Driver's License _____
Address _____ City _____ State _____ Zip _____
Phone _____ Email _____
Signature: _____ Date: _____