



COUNTY OF SAN LUIS OBISPO HEALTH AGENCY

ENVIRONMENTAL HEALTH SERVICES DIVISION

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CONSENT/MEDICAL QUESTIONNAIRE/AFTERCARE FORM

Prior to the performance of body art, the client shall read, complete, and sign an Informed Consent Form per California Health & Safety Code §119303

I HAVE READ, 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. A brief description of the type of procedure and location of the procedure has been provided by the artist.
- 4. I understand that the said tattoo is permanent and administered by penetrating the skin with pigment.
- 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 I 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.
- 11. I understand that the FDA has not approved of any: inks, dyes, or pigments and that health effects are unknown.
- 12. I have read and will agree to follow aftercare instructions pertaining to the body art procedure.
- 13. I understand that there is a chance I might feel light-headed and/or dizzy during or after being tattooed.

CLIENT INFORMATION: By signing this release, I agree to all clauses stated above.

NAME: _____ BIRTH DATE: _____ AGE: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ ID/DRIVER'S LICENSE #: _____

PHONE NUMBER: _____ EMAIL: _____

CLIENT SIGNATURE: _____ DATE: _____

KEEP CLIENT INFORMATION IN AN ON-SITE **SECURE LOCATION**

KEEP CLIENT INFORMATION FOR A MINIMUM OF THREE YEARS

MEDICAL QUESTIONNAIRE (Please check any and all conditions that apply to you as listed below):

NONE

- Diabetes Hemophilia Heart Condition Herpes at the site Epilepsy Scarring/Keloiding
- Eczema/Psoriasis Blood thinners TB Pregnant/Nursing Skin Conditions Hepatitis B/C
- Allergic reaction to latex or antibiotics Blood pathogens risks, including but not limited to AIDS & HIV
- History of medication use or are using medication (including being prescribed antibiotics prior to dental or surgical procedures)

Place ID/Driver License in this section and scan/copy.
Keep client records for a minimum of 3 years.

Needle Brand	Needle Lot #	Expiration Date

AFTERCARE INSTRUCTIONS:

1. After a few days you may notice peeling and possibly a little scabbing. It is at this point in the healing process that your tattoo will begin to itch. **IMPORTANT:** Resist the urge to satisfy your desire to scratch, rub, or pick at the tattoo.

2. Remember – The first few days and weeks are the most important for your new tattoo. Make sure you care for it properly. Seek medical help or see a physician if you experience symptoms such as excessive swelling, redness, yellow or green discharge, fever, or see streaks running towards the heart – which indicate signs of an infection.

3. Do not actively: participate in water sports; garden; play with animals until the tattoo has healed. Keep the tattoo out of direct sunlight, and follow any other requirements set forth by the practitioner.