

TATTOO CONSENT FORM

The undersigned, (name)

Hereby declares the following:

- I have made the decision to have a tattoo consciously and of my own free will;
- During the treatment I am not under the influence of alcohol or drugs;
- I am aware of the fact it is not recommended getting tattooed whilst using any anticoagulants or antibiotics;
- I am aware that pregnant women are discouraged from getting tattooed in view of an increased susceptibility to infections.
- I consider myself healthy enough to get this tattoo;
- I have been informed of the risks that having a tattoo may entail, such as infections, formation of scar tissue and allergic reactions;
- I have received written instructions of the aftercare for my tattoo;

Please answer the following questions:

I do/do not suffer from any form of:

- | | |
|---------------------------|----------|
| • Haemophilia | yes / no |
| • Chronic skin disease | yes / no |
| • Contact allergy | yes / no |
| • Diabetes | yes / no |
| • Immune disorder | yes / no |
| • Cardiovascular disorder | yes / no |

You are strongly discouraged from having a tattoo if any of the questions above have been answered affirmatively.

Name:

.....

Address:

.....

City:

.....

Date of birth:

.....

ID number:

.....

Date:

.....

Signature:

(minors <16 require the signature of a parent or legal guardian)

Name legal guardian:

.....

ID number legal guardian:

.....