

MEDICAL HISTORY CONSENT AND RELEASE FORM

Please check any conditions listed below that apply to you:

|  |  |  |  |
| --- | --- | --- | --- |
| Diabetes | HIV/AIDS | Heart Condition | Faint or Dizzy |
| Epilepsy | Haemophilia | Eczema/Psoriasis | Infections |
| T.B. | Scarring/Keloiding | Herpes | Asthma |
| Hepatitis | Pregnant | Breastfeeding | Blood Thinners |

Do you have any allergies?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any medications you are currently taking\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any other known MEDICAL CONDITIONS or CONTAGIOUS DISEASES that may affect your TATTOO procedure?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* I hereby certify that to the best of my knowledge this information is correct
* All questions have been answered to my satisfaction
* I agree the said TATTOO is correctly drawn to my specifications
* I understand that the tattoo is PERMANENT
* This is to certify that I am AT LEAST 18 YEARS OF AGE
* I am NOT under the influence of ALCOHOL OR DRUGS
* I understand that there is a possibility of allergic reaction
* I understand that there is a possibility of infection
* I agree to allow for Artist Interpretation
* I agree to follow all instructions concerning the care of my tattoo
* I understand that there is a chance I might feel lightheaded, dizzy and/or faint due to my decision to undergo a tattoo
* I agree to immediately notify the Artist in the event I feel lightheaded, dizzy and/or faint before, during or after the procedure. Failure to do so releases **Black Market Tattoos** and **Artists** of all responsibility.
* I hereby release **Black Market Tattoos** and **Artists** of all responsibility for the said tattoo.
* We do not issue refunds.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pronouns:\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D.O.B: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Design: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Placement: \_\_\_\_\_\_\_\_\_\_\_\_\_

Artist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sign\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**