



MEDICAL HISTORY CONSENT AND RELEASE FORM

Please check any conditions listed below that apply to you:

- | | | | |
|------------------------------------|---|---|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Faint or Dizzy |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Haemophilia | <input type="checkbox"/> Eczema/Psoriasis | <input type="checkbox"/> Infections |
| <input type="checkbox"/> T.B. | <input type="checkbox"/> Scarring/Keloiding | <input type="checkbox"/> Herpes | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Pregnant | <input type="checkbox"/> Breastfeeding | <input type="checkbox"/> 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: _____