

Skin Revolution Tattoo Studio Consent Form



NAME _____

STREET ADDRESS _____

CITY _____

STATE _____

ZIP _____

PHONE _____

EMAIL _____

DATE OF BIRTH _____

AGE _____

TODAY'S DATE _____

Answer the following Health History questions. Check YES or NO

YES / NO:

YES / NO

___/___ I am pregnant or nursing

___/___ I have tested positive for Tuberculosis

___/___ I have Epilepsy

___/___ I have Hypoglycemia or Hyperglycemia

___/___ I have Seizures

___/___ I have scarring at the site of tattoo

___/___ I have an STD (Herpes, HIV, etc.)

___/___ I have Poison Oak or Poison Ivy

___/___ I have Meningococcal Disease

___/___ I have Ring Worm

___/___ I have had a Heart Attack

___/___ I have another type of Skin Condition

___/___ I have Heart Disease

___/___ I have Allergies to latex or color dyes

___/___ I have had a recent Stroke

___/___ I have moles or freckles at the tattoo site

___/___ I have Pertussis

___/___ I am taking Blood Thinner Medication

___/___ I have recently had Mono

___/___ I have a Bleeding Disorder

___/___ I have Sickle Cell Anemia

___/___ I have Hepatitis, Jaundice or Liver Disease

___/___ I have Hemophilia

___/___ I have High Blood Pressure

___/___ I have Staphylococcal Skin Infection

___/___ I am taking Antibiotics

___/___ I have Covid Symptoms

___/___ Other _____

Notification of Emergency:

NAME _____

PHONE NUMBER _____

I fully consent to this tattooing. I acknowledge that I am eighteen (18) years of age or older with full understanding of the procedures of tattooing. I have shown my valid I.D. card. I also acknowledge that Skin Revolution Tattoo Studio or any of the artists are not responsible for any mishap, complication or injury occurring during or after the tattooing. I agree to keep the area clean and infection free. I must use normal hygiene and follow the artist's aftercare instructions to clean the tattooed area and keep it infection free. I acknowledge that the artist is using sterile equipment to do the tattoo procedure.

SIGNATURE _____

DATE _____

ARTIST USE ONLY

Cost of Service _____

Description of tattoo, location, work performed, etc.