

**BODY PIERCING
MEDICAL HISTORY
CONSENT AND RELEASE FORM**

Medical History

Please check if you have any of the conditions listed below.

Diabetes ___	HIV ___	Heart Condition ___	Faintness or Dizzy Spells ___
Epilepsy ___	Hemophilia ___	Eczema/Psoriasis ___	Infections ___
T.B. ___	Scarring/Keloiding ___	Herpes ___	Asthma ___
Hepatitis ___	Pregnant/Nursing ___	Blood thinners ___	Last time you ate _____

Please list any known Allergies or Medications that you are currently taking.

Allergies _____ Medications _____

Do you take any prophylactic antibiotics for any reason? _____

Are there any other known medical problems that may affect your getting a piercing? _____

Consent and Release Form

- I hereby certify that to the best of my knowledge this information is correct.
- I've been given a chance to ask questions and they've been answered to my satisfaction.
- 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 there is a possibility of an allergic reaction.
- I understand there is a possibility of an infection.
- I agree to follow all instructions given to me by Fine Line Tattoo and it's employees concerning the aftercare of my piercing.
- I understand that there is a chance I might feel lightheaded, dizzy and/or faint due to my decision to receive a piercing. **If you feel this way during or after the procedure, please let us know immediately.**
- I hereby release Fine Line Tattoo Inc. and it's employees of all responsibility and liability for said piercing.
- **No refunds.**

Signature _____ Address _____

Drivers License Number or other form of I.D. _____

Today's Date _____ DOB _____ Age _____

If under 18, need child and parent(s) signatures to be done in presence of a notary. All blanks must be filled in. Parent must be present, and proper I.D. must be shown prior to service.

I give my permission for my child to receive a piercing.

Parent's signature _____ Address _____

Drivers License Number or other form of I.D. _____

Notary's Statement

Sworn and Scribed before me on this _____ Day of _____ 200__.

Notary _____ Seal: _____

-----**DO NOT WRITE BELOW THIS LINE**-----

New Piercing _____ Stretching _____ Jewelry Insertion Only _____ Cleaning _____

Placement _____ Jewelry used _____

Piercer _____ Shop Location _____

Care Information Given: Verbally _____ Written _____

Remarks: _____