

**TATTOO  
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 tattoo? \_\_\_\_\_

**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 understand that a tattoo is permanent.
- I agree to allow for artist interpretation.
- I agree to follow all instructions given to me by Fine Line Tattoo and it's employees concerning the aftercare of my tattoo.
- I understand that there is a chance I might feel lightheaded, dizzy and/or faint due to my decision to receive a tattoo. **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 tattoo.
- No refunds.

\* *I understand that Fine Line Inc. does not guarantee any tattoo below the shoe line. \*(initial) \_\_\_\_\_*

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 tattoo.

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**-----

Design \_\_\_\_\_ Placement \_\_\_\_\_ Artist \_\_\_\_\_

Touch Up \_\_\_\_ New Tattoo \_\_\_\_ Repair \_\_\_\_ Cover \_\_\_\_ Care info: Verbally \_\_\_\_ Written \_\_\_\_

Remarks: \_\_\_\_\_