



TATTOO SERVICE CONSENT
& HEALTH DISCLOSURE FORM

ARTIST INFO

Vicky Kheira Tattoo / Vicky Schulz
Sögestraße 48
28195 Bremen

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vicky.kheira@gmail.com

CLIENT INFO

Name
Date of Procedure
Date of Birth
Phone
Email
Emergency Contact
Phone
Type of Identification Provided

MEDICAL HISTORY

Please mark any conditions listed below that apply to you:

- ☐ Diabetes ☐ Hemophilia ☐ Skin disease (psoriasis, eczema, etc.)
☐ Skin sensitivity to soap or disinfectant
☐ Skin lesions (locations):
☐ Epilepsy ☐ Seizures ☐ Fainting ☐ Narcolepsy

ADDITIONAL HEALTH INFO

- How long has it been since you last ate?

.....

- Do you have any additional allergies such as to metals, soaps, cosmetics, or alcohol?

☐ no ☐ ja

- Do you have any condition that requires you to take medications such as anticoagulants that thin the blood interfere with blood clotting?

☐ no ☐ ja,

- Do you have any other medical or skin conditions that might affect the outcome of this procedure?

☐ no ☐ ja,

- Do you have any cardiac valve diseases?

☐ no ☐ ja

PLEASE READ AND SIGN WHEN YOU ARE CERTAIN
YOU UNDERSTAND THE IMPLICATIONS OF SIGNING

In consideration of receiving tattoo service from, **Vicky Schulz, the practitioner at @vickykheira.tattoo,**
I confirm the following by initialing each applicable item below:

- ☐ I understand that a tattoo is considered permanent and may only be removed with a surgical procedure.
- ☐ I understand that any effective removal of a tattoo or body piercing may leave scarring.
- ☐ I am the person on the legal ID presented as proof that I am at least 18 years of age.
- ☐ I am not under the influence of alcohol or drugs and that I am voluntarily submitting myself to receive body art without duress of coercion.
- ☐ I acknowledge the information I provided in the medical questionnaire is complete and true to the best of my knowledge.
- ☐ The tattoo described or shown on this form is correctly placed to my specifications. If applicable, I have also confirmed all spelling and grammar necessary in the procedure.
- ☐ All questions about the tattoo procedure have been answered to my satisfaction, and I have been given written aftercare instructions for the procedure I am about to receive.
- ☐ I understand the restrictions associated with this tattoo procedure as explained by the artist.
- ☐ I am aware of the signs and symptoms of infection, including but not limited to, redness, swelling, tenderness of the procedure site, red streaks going from the procedure site towards the heart, elevated body temperature, or purulent draining from the procedure site.
- ☐ I understand there is a possibility of getting an infection as a result of receiving tattoo. I will seek professional medical attention if signs and symptoms of infection occur.
- ☐ I agree to follow all instructions concerning the care of my tattoo procedure and that any touch-ups needed due to my own negligence will be done at my own expense.
- ☐ I understand that there is a chance that I might feel light-headed or dizzy during or after being tattooed.
- ☐ I agree to immediately notify the artist in the event I feel lightheaded, dizzy, and/or faint before, during or after the procedure.

The artist will not perform the tattoo procedure if you fail to complete or sign this form. Further, the artist may decline to perform a tattoo procedure if the client has any identified health conditions.

I, _____ have been fully informed of the risks of tattoos including but not limited to infection, scarring, and allergic to items associated with tattoo procedures. Having been informed of the potential risks associated with this tattoo procedure, I still wish to proceed with the tattoo application and I assume any/all risk that may arise from tattoos.

CLIENT

ARTIST

Signature · Date

Signature · Date

