



## ▶ TATTOO CONSENT FORM

Name and surname .....

Date of birth .....

Address .....

.....

Phone .....

I declare that I am an adult and voluntarily undergo the tattoo procedure.

I certify that I am a public person, I am not under the influence of alcohol or drugs  
and I was not forced to undergo a tattoo procedure.

I declare that the data in the form is true and has been provided voluntarily for the purpose to  
safely carry out the tattoo procedure.

The tattooing procedure will take place in sterile conditions, with the use of disposable needles,  
sterile tools, cleaning agents, which I have been familiar with.

I confirm that I have received detailed information about the tattooing procedure and  
that all the questions related to the procedure were answered in a way for me understandable.

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I confirm that I have received a detailed instruction on how to proceed (care) against tattooed  
places on the body and it is understandable to me and that I have been given all answers  
to questions related to the healing process and tattoo care.

I undertake to follow the instructions contained in the manual  
tattoo care and I am aware that the omission and non-compliance with the correct  
Nursing procedures may lead to complications and infection of the newly tattooed people  
places on the body that may, in consequence, permanently damage the skin and to which the  
operator is performing the procedure has no effect.

I declare that in the event of complications resulting from improper care or using products not  
recommended by the tattoo artist, I waive all rights and financial claims  
against Studio Mintlemon Sławomir Świącichowski in Poznań, Garbary Street 65/1

I certify that I understand that health information is essential for safe use perform a tattoo procedure  
and that he is aware that he is withholding any of the information is treated as contributing  
to the damage for which the person performing the procedure the tattoo is not responsible.

In the event of a threat to his or the client's health, the tattoo artist has the right refuse to perform  
the tattoo procedure.



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## HEALTH INFORMATION

In the last 6 months, have you stayed: (Please select the correct answer)

-in the hospital	<input type="checkbox"/> YES <input type="checkbox"/> NO	-in the doctor's office	<input type="checkbox"/> YES <input type="checkbox"/> NO	-in a beauty salon	<input type="checkbox"/> YES <input type="checkbox"/> NO
-in a hairdressing salon	<input type="checkbox"/> YES <input type="checkbox"/> NO	-in another tattoo studio or at a private tattoo artist	<input type="checkbox"/> YES <input type="checkbox"/> NO		

Do you suffer from: (Please select the correct answer)

Infectious diseases: HIV / AIDS, HCV, viral hepatitis, HBV others	YES	NO	WHAT
Neurological diseases: stroke, epilepsy, unconsciousness, others	YES	NO	WHAT
Skin diseases: psoriasis, eczema, mycosis, AD, skin allergies, others	YES	NO	WHAT
Bacterial diseases, staphylococcal infection, others	YES	NO	WHAT
Diseases of the heart, circulatory system, hypertension, hemophilia	YES	NO	WHAT
Diabetes, asthma, epilepsy, other relevant diseases	YES	NO	WHAT
Inhalation or food allergies, metal or latex allergies	YES	NO	WHAT
Tendency to occur largeswelling	YES	NO	WHAT
Are medications taken e.g. blood thinners, others	YES	NO	WHAT
The occurrence of infections and complications for procedures with a breach of continuity skin tissue	YES	NO	WHAT

Contraindications for the tattoo procedure:

- Colds, weakness, flu, angina, fever
- Pregnancy and breastfeeding
- Extensive wounds on the body being healed
- Postoperative states
- HIV and Hepatitis B virus
- Haemophilia and a tendency to prolonged bleeding
- Antibiotic therapy, long pharmacological treatments strong drugs, incl. steroids
- Taking strong medications
- Heart and circulatory system diseases
- Diabetes
- Epilepsy
- Skin allergies
- Psoriasis
- Leśniowski and Crohn's disease

All data contained in the form are confidential and not shared with third parties. The information provided with the help of the form is fully understandable for the user.

I declare that I give my informed consent for the tattoo procedure.

This document is legally valid and constitutes consent to the tattoo treatment.

.....  
Date and signature of the tattooed person

.....  
Signature of the tattoo artist