



THIS STATEMENT MUST BE GIVEN TO ALL BODY ART CLIENTS

Risk Disclosure

As with any invasive procedure, body art may involve possible health risks. These risks may include:

- Contraction of infectious disease(s)
- Pain, bleeding, swelling, infection, and/or nerve damage
- Permanent discoloration/scarring
- Allergic reaction - *Some of the inks, dyes, jewelry or other supplies may cause an allergic reaction*
- You may not be allowed to donate blood temporarily following your procedure

Health History and Informed Consent

The following conditions may increase health risks associated with receiving a body art procedure:

- Diabetes
- Hemophilia (bleeding)
- Skin diseases, lesions, or skin sensitivities to soaps, disinfectants etc.
- History of allergies or adverse reactions to pigments, dyes, or other sensitivities
- History of epilepsy, seizures, fainting, or narcolepsy
- Use of medications such as anticoagulants, which thin the blood and/or interfere with blood clotting
- Hepatitis or HIV infection

Risk Minimization

The Body Art Practitioner must:

- Properly and thoroughly cleanse the procedure site
- Use single-use and/or sterilized equipment
- Use Universal Precautions & Sanitary Practices (UPSP)
- Provide each client information on the aftercare of the procedure site

Procedure for Filing a Complaint

If there is any injury, infection, complication or disease as a result of receiving a Body Art procedure, notify the Cattaraugus County Health Department by phone at 716-701-3386.

Client Acknowledgement and Signature

I have received the above information and acknowledge that I do not have a condition that prevents me from receiving a Body Art procedure. I consent to receiving a Body Art procedure and I understand that I will be given written aftercare instructions as part of the procedure summary.

Signature of Body Art Client

Printed Name of Body Art Client

Date

NOTE THAT IT IS A VIOLATION OF NYS PENAL LAW §260.21(2) TO TATTOO A MINOR, REGARDLESS OF PARENTAL CONSENT

Minor Parent / Guardian Acknowledgement and Signature (if client is a minor)

I attest that I am the legal custodial parent/guardian of the client signing above. I acknowledge that I have received the above information and that to the best of my knowledge, the client does not have a condition that prevents them from receiving a body art procedure. I consent to the performance of the body art procedure and I understand that I too, will be given written aftercare instructions as part of the procedure summary.

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Date