

BOARD OF HEALTH – BODY ART DISCLOSURE STATEMENT

THIS STATEMENT IS TO BE GIVEN TO ALL BODY ART CLIENTS, AND IS TO BE SIGNED BY THE CLIENT, PRIOR TO PERFORMING ANY BODY ART PROCEDURE – A SIGNED COPY MUST BE GIVEN TO THE CLIENT THE ESTABLISHMENT MUST KEEP A COPY OF THIS SIGNED DOCUMENT WITH A PHOTO ID

TATTOO AND PERMANENT MAKE-UP (COSMETIC) DISCLOSURE STATEMENT

As with any invasive procedure, tattooing and permanent make-up may involve possible health risks. These risks include:

- ❖ **Infection** – Blood borne diseases such as Hepatitis B, Hepatitis C, tetanus, tuberculosis and HIV, the virus that causes AIDS. Unsterile equipment and needles can spread infectious diseases; it is extremely important to be sure that all equipment is clean and sanitary before use.
- ❖ **Allergic reactions, granulomas** (nodules that form around material that the body perceives as foreign), **keloid formation** (raised scars that grow beyond normal boundaries) and **MRI complications**.

Pain, bleeding, swelling, local bacterial infections, scarring of the area and nerve damage and antibiotic resistant skin infections

1. Tattoos and permanent makeup are not easily removed and in some cases may cause permanent discoloration; think carefully before getting a tattoo. Removal can be a painstaking process usually involving several treatments and considerable expense. There is also the possibility of an allergic reaction years after you receive the tattoo.
2. The inks, or dyes, used for tattoos are color additives. Currently no color additives have been approved by FDA for tattoos, including those used in permanent makeup
3. Blood donations cannot be made for a year after getting a tattoo or permanent makeup

The Body Art Practitioner should:

- Properly and thoroughly cleanse the area before the procedure.
- Use sterilized equipment and use sterile techniques.
- Provide information on the aftercare of the area receiving body art.

CONSULT A HEALTH CARE PROVIDER FOR:

Unexpected redness, tenderness or swelling at the site of the tattoo, rash, unexpected drainage at or from the site of the tattoo or fever within 24 hours of the tattoo.

HEALTH HISTORY AND INFORMED CONSENT

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

- (a.) Diabetes
- (b.) Hemophilia (bleeding)
- (c.) Skin disease, lesions, or skin sensitivities to soap, disinfectants etc.
- (d.) History of allergies or adverse reactions to pigments, dyes, or other sensitivities
- (e.) History of epilepsy, seizures, fainting, or narcolepsy
- (f.) Use of medications such as anticoagulants, (e.g. coumadin) which thin the blood and/or interfere with blood clotting
- (g.) Hepatitis or HIV infection

PROCEDURE FOR FILING A COMPLAINT

If there is any injury, infection complication or disease as a result of a body art procedure consult a physician and notify the: **Fitchburg Board of Health, 166 Boulder Drive, Fitchburg, MA 01420**
978-829-1872

CLIENT SIGNATURE

I have received the above information. I do not have a condition that prevents me from receiving body art. I am not under the influence of drugs or alcohol. I consent to the performance of the body art procedure and I have been given verbal and written aftercare instructions as required by these regulations.

Signature* _____ Date: _____

*Parent or guardian signature required if under the age of 18. Relationship: _____

Practitioner’s Signature _____ Date: _____

Location and description of work _____