

HOLLIDAY INK

HEALTH DISCLOSURE AND PROCEDURE SAFETY

This health disclosure is used to help the artist identify conditions that may affect bleeding, healing, infection risk, or the safety of the procedure. A YES answer does not automatically mean you cannot be tattooed.

HEALTH DISCLOSURE

Question	YES	NO	Details
Allergy or sensitivity to tattoo pigment, latex, adhesive, soap, ointment, or metal	☐	☐	
Bleeding disorder or medication that may increase bleeding	☐	☐	
Diabetes or another condition that may affect healing	☐	☐	
Immune system condition or medication that may suppress immunity	☐	☐	
History of fainting, seizure, or serious reaction during a procedure	☐	☐	
Skin infection, rash, wound, sunburn, or irritation at or near the tattoo site	☐	☐	
Current medication or health issue relevant to bleeding or healing	☐	☐	
Known infectious or contagious illness in a communicable stage	☐	☐	

Additional details, medications, allergies, or concerns:

PATRON ACKNOWLEDGMENT

- ☐ I have answered the questions above accurately to the best of my knowledge.
- ☐ I understand that the artist may refuse or postpone tattooing if the tattoo area has an evident lesion, infection, or other condition that creates a safety concern.
- ☐ I agree to immediately tell the artist if I feel faint, ill, unusually painful, or unable to continue.
- ☐ I understand that withholding relevant information can increase the chance of complications.

Patron Signature		Date / Time	
Artist Initials			

For privacy, keep completed forms secure and limit access to people who need the information for business, legal, insurance, or safety purposes.