



Name, Firstname:

Adress:

Contact:

Under 18/ guardianship :

Yes

No

Questions about your health:

Heart problems:

Hepatitis:

Blood circulation problems:

H.I.V :

Epilepsy :

Diabetes :

Hemophilia :

Skin disease:

Pregnant or breastfeeding:

Chronic disease :

- Yes and I have a medical certificate stating that a tattoo has no negative effect on my health.
- No.

Anticoagulants/other medications :

- Yes and I have confirmation from a doctor that they will not have a negative effect on a tattoo.
- No.

Final declaration

I hereby declare that I have read the General terms and Conditions of Le Boudoir tattoo studio and accept them.

I hereby declare I have a doctor's certificate for " questions on health " which I have answered with " yes ", which proves that a tattoo has no negative influence on my health.

The withholding of important information that could lead to a health or life-threatening risk for the client and/or the tattoo artist may result in legal action.

I hereby authorise Coralie Cabibbo to ink my tattoo in the knowledge that this will be carried out under the strictest and most prescriptive conditions (in accordance with the FOPH/BLV guidelines for tattooing, PMU piercing and related practices). In the event of complications arising at a later date, I waive any legal action against Coralie Cabibbo. I am aware that the tattoo requires a healing process of two to four weeks, as well as special aftercare, and will permanently alter my appearance. I am at least 18 years old or have the written consent of my legal guardian. With my signature, I transfer to Coralie Cabibbo the rights to use the photos that are taken of my tattoo.

I hereby confirm that I have read and understood the form in its entirety. Likewise, all information concerning my person and my health is correct and true.

I hereby declare that the points listed above apply to me and that I have taken note of them.

Signature(s), date: