Questionnaire about the health status of the client

Client name: ……..

Telephone: ……..

E-mail: ……

Please fill in the following table truthfully.

The client is over 18 years old	☐ YES	☐ NO
Infectious diseases - flu, angina, virus, etc.	☐ YES	☐ NO
Hepatitis A, B or C	☐ YES	☐ NO
HIV positive	☐ YES	☐ NO
Diabetes Mellitus - diabetes	☐ YES	☐ NO
Allergies	☐ YES	☐ NO
Pregnancy, postpartum, breastfeeding	☐ YES	☐ NO
Cold sores	☐ YES	☐ NO
Tendency to the formation of keolidic scars	☐ YES	☐ NO
Narcotic substances, alcohol, drugs, etc.	☐ YES	☐ NO
Blood coagulation disorder	☐ YES	☐ NO
Epilepsy	☐ YES	☐ NO
Oncological disease	☐ YES	☐ NO
Other skin diseases – eczema, rashes, etc.	☐ YES	☐ NO

If you know of any other circumstances why the tattoo application could not be done. Please specify.

Declaration

I confirm that I have not knowingly concealed any circumstances, illnesses or indispositions that affect the tattoo. I further confirm that I am in good physical and mental condition, and that nothing prevents me from getting a tattoo.

Info for blood donors: if you are a blood donor, you must take into account that you will not be able to donate blood for half a year after the tattoo.

Date: ……

Client's signature: ……..