

Permanent Tattooing Customer Consent Form

Name of Premises: KTREW Tattoo Studio
 The Jubilee Trade Centre, 130 Pershore St, Birmingham

Telephone Number: 07872 103151

Name of Tattooist: Kirstie / Ivy



Customer Details

Name:				
Preferred Pronouns	He /Him	Her/She	They /Them	Other _____
Address:				
Telephone Number:				
Date of Birth:				
Tattoo design, and placement?				
Your GP Name and Address:				
Proof of Age provided?	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		
Photo ID used (copy attached)	Passport <input type="checkbox"/>	Dr. Licence <input type="checkbox"/>	Other: _____	
To be added to our mailing list to keep up to date with offers & events, please provide your email address and sign.	Email Address: _____ I consent to my details being added to the KTREW Tattoo mailing list and to being contacted by KTREW Tattoo: Signed: _____			

Do you have any of the following conditions?

	Yes	No
Eczema, Psoriasis, Acne, Cellulitis, Keloids or any other skin condition?		
Moles or sunburn in the area to be tattooed?		
High/Low blood pressure (If on medication which stabilises your blood pressure, state yes).		
Diabetes, Peripheral arterial disease, Cardiopulmonary disease, Haemophilia, or Heart Disorder.		
Epilepsy or other forms of seizures		
Hepatitis or HIV		
Immune system disorder, Sarcoidosis, Auto-immune disease, or treatment causing it e.g. cancer treatment		
Allergies – may result in serious skin reactions to products used for example inks		
Any type of infection or rash anywhere on your body?		
Pregnant, nursing mother, or have given birth within the last 12 months.		
Medication – side effects may affect healing and recovery from treatment		
Have you had any surgeries in the past 12 months?		
Any other condition not listed – please state here _____		

Covid-19

Have you had a Covid Vaccine within the last 14 days?	Yes	No
Do you have an appointment for a Covid vaccine booked within the next 14 days?	Yes	No
Have you travelled outside of the United Kingdom in the past 14 days?	Yes	No
Have you taken a flight within the UK or outside of the United Kingdom in the past 14 days?	Yes	No
Do you have any of the following symptoms now?		
<ul style="list-style-type: none">a high temperature – this means you feel hot to touch on your chest or back (you do not need to measure your temperature)	Yes	No
<ul style="list-style-type: none">a new, continuous cough – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual)	Yes	No
<ul style="list-style-type: none">a loss or change to your sense of smell or taste – this means you've noticed you cannot smell or taste anything, or things smell or taste different to normal	Yes	No
Have you had any of the following symptoms in the last 14 days?		
<ul style="list-style-type: none">a high temperature	Yes	No
<ul style="list-style-type: none">a new, continuous cough	Yes	No
<ul style="list-style-type: none">a loss or change to your sense of smell or taste	Yes	No
Has anyone in your household, support bubble, or anyone you've met during outdoor social distancing, had any of these symptoms in the last 14 days?		
<ul style="list-style-type: none">a high temperature	Yes	No
<ul style="list-style-type: none">a new, continuous cough	Yes	No
<ul style="list-style-type: none">a loss or change to your sense of smell or taste	Yes	No
If you develop any of the symptoms within fourteen days after your tattoo appointment, you must contact us and let us know as soon possible.		
Do you agree to let us know, as soon as possible, if you develop a high temperature, a new continuous cough, or a loss or change to your sense of smell of taste, within the 14 days after your appointment?	Yes	No
Anyone in the UK, who has symptoms of Coronavirus (COVID-19) can now ask for a free test to check if they have the virus. This is called an antigen test. https://www.nhs.uk/ask-for-a-coronavirus-test		
You must let us know, if you tested positive for Covid-19 following testing. If you did, we will need to contact the Public Health Authority to discuss the case, identify people who have been in contact with you while getting tattooed, and we will take advice on any actions or precautions that should be taken. https://www.publichealth.hscni.net/		
Please note - a confirmed customer case of Covid-19 would result in a 14 isolation period for our staff, and 14 day closure of our studio – so you must let us know as soon as possible if you have tested positive for Covid-19.		
Do you agree to let us know, as soon as possible, if you test positive for Coronavirus or Covid-19 within the 5 days after your appointment?	Yes	No

Customer Declaration

I am aware that the following are potential risks associated with tattooing:

- Scarring
- Blood Poisoning (Septicaemia)
- Localised Infection
- Allergic Reaction to Pigment
- Localised Swelling Around The Site

I acknowledge by signing this agreement that I have been given the full opportunity to ask any and all questions I have about getting a tattoo and that all of my questions have been answered to my full satisfaction.

I am aware of the Covid-19 specific risks associated with tattooing:

- I knowingly and willingly consent to having a tattoo with the potential risk of exposure to COVID19 and corona virus strains.
- I understand that due to the frequency of visits of other clients, the characteristics of the virus, and the characteristics of tattooing, that I have elevated the risk of contracting the virus by merely being in the Studio Environment
- I understand the COVID-19/ Coronavirus virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious. It is impossible to determine who has it, given the current limits in virus testing.

I agree as follows:

- If I have any condition that might affect the healing of this tattoo, I will advise my tattooer.
- I am not under the influence of alcohol or drugs.
- I acknowledge it is not reasonably possible for the representatives and employees of this tattoo studio to determine whether I might have an allergic reaction to the pigments or processes used in my tattoo, and I agree to accept the risk that such a reaction is possible.
- I acknowledge that potential complications, e.g. infection and swelling are always possible as a result of the obtaining of a tattoo, particularly in the event that I do not take proper care of my tattoo.
- I understand that if I have any skin treatments, laser hair removal, plastic surgery or other skin altering procedures, it may result in adverse changes to my tattoo.
- I acknowledge that a tattoo is a permanent change to my appearance. To my knowledge, I do not have a physical, mental or medical impairment or disability which might affect my well being as a direct or indirect result of my decision to have a tattoo.
- I acknowledge I am over the age of eighteen and that the obtaining of a tattoo is by my choice alone. I consent to the application of the tattoo and to any actions or conduct of the representatives and employees of the tattoo shop reasonably necessary to perform the tattoo procedure.

I declare that I give my full consent to the tattooing being carried out by the aforementioned practitioner. By signing this form I am declaring that I have read, understood and agreed with all of the contents.

Signature of Customer	
Date:	
Signature of Operator:	
Date:	

Your Data:

Your details (on this form) will be held on file in a secure location, and disposed of confidentially after a reasonable time. KTREW Tattoo would like to use photographs of your tattoo on their website, social media, and marketing materials. Please let us know here if you **do not consent** to this. _____