

**Virginia Board for Barbers and Cosmetology
EAR-PIERCING CLIENT DISCLOSURE FORM**

Date Piercing Performed _____
MM/DD/YYYY

Client's Name
Last _____ First _____ Middle _____ Suffix _____

Client's Date of Birth _____
MM/DD/YYYY

Type of ID Provided _____

No person shall perform ear-piercing on a person less than eighteen years of age, knowing or having reason to believe such person is less than eighteen years of age except (i) in the presence of the person's parent or guardian OR (ii) when performed by or under the supervision of a medical doctor, registered nurse or other medical services personnel licensed pursuant to Title 54.1 when performing their duties.

In addition, no person shall perform ear-piercing on any client unless he complies with the Centers for Disease Control and Prevention's guidelines for "Universal Blood and Body Fluid Precautions" and provides the client with the following disclosure:

1. Ear-piercing is an invasive procedure in which the skin is penetrated by a foreign object.
2. If proper sterilization and antiseptic procedures are not followed by the ear-piercers, there is a risk of transmission of blood borne pathogens and other infections, including, but not limited to, human immunodeficiency viruses (HIV) as well as Hepatitis B and C viruses.
3. Ear-piercing may cause allergic reactions in persons sensitive to the metals used.
4. Ear-piercing may involve discomfort or pain for which appropriate anesthesia cannot be legally made available by the person performing the ear-piercing unless such person holds the appropriate license from a Virginia health regulatory board.

Listed below are some of the possible risks and dangers associated with receiving an ear-piercing:

1. The possibility of discomfort or pain;
2. The possibility of scarring;
3. The possibility of bleeding;
4. The possibility of swelling;
5. The risk of infection;
6. The possibility of nerve damage; and
7. The increased risk for adolescents during certain stages of development

NOTE: The Commonwealth of Virginia makes no endorsement of the safety of the practice of ear-piercing.

CLIENT ACKNOWLEDGEMENT

By signing below, I acknowledge that:

1. I have read the information shown above.
2. I have been verbally informed by the practitioner providing the service of the risks and dangers associated with receiving an ear-piercing.
3. I have been given the opportunity to have a third party present while receiving ear-piercing services.

Client's Signature _____ Date _____

Legal Guardian Signature _____ Date _____
IF REQUIRED

Licensed Practitioner's Signature _____ Date _____

Practitioner's Virginia License No.

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