Virginia Board for Barbers and Cosmetology
Department of Professional and Occupational Regulation
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Virginia DPOR
DEPARTMENT OF PROFESSIONAL AND OCCUPATIONAL REGULATION

TATTOO CLIENT DISCLOSURE FORM

Date Tattooing Performed _____
MM/DD/YYYY

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

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

Type of ID Provided _____

No person shall tattoo 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 tattoo 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. Tattooing 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 tattoo artists, 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. Tattooing may cause allergic reactions in persons sensitive to dyes or the metals used in ornamentation.
4. Tattooing may involve discomfort or pain for which appropriate anesthesia cannot be legally made available by the person performing the body 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 the application of a tattoo:

1. The possibility of discomfort or pain;
2. The risk of infection;
3. The possibility of allergic reactions to the pigments or other materials used;
4. The permanence of the markings; and
5. The risks associated with tattoo removal

NOTE: The Commonwealth of Virginia makes no endorsement of the safety of the practice of tattooing.

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 a tattoo
3. I have been given the opportunity to have a third party present while receiving tattooing services

Client's Signature _____ Date _____

Legal Guardian's Signature IF REQUIRED _____ Date _____

Licensed Practitioner's Signature _____ Date _____

Practitioner's Virginia License Number | | | | | | | | | | |