Health Questionnaire

Your honest answers keep you safe. These questions help your artist judge whether anything affects how your skin reacts or heals. This is **sensitive health data**, handled with extra care and used only for your tattoo — please answer fully and truthfully.

FULL NAME _____ DATE OF BIRTH _____ DATE _____

1 About your health

ALLERGIES & SKIN

Do you have any allergies (metals/nickel, latex, plasters, cosmetics, medication, anaesthetics)? ☐ YES ☐ NO

IF YES, WHICH _____

Do you have a skin condition on or near the area (eczema, psoriasis, dermatitis, a rash)? ☐ YES ☐ NO

IF YES, WHICH _____

Do you have moles, warts or raised marks in the area to be tattooed? ☐ YES ☐ NO

Do you scar easily, or tend to form raised (keloid) scars? ☐ YES ☐ NO

MEDICATION & CONDITIONS

Are you currently taking any medication? ☐ YES ☐ NO

IF YES, WHICH _____

Do you take blood-thinning or anticoagulant medication? ☐ YES ☐ NO

Are you taking, or have you recently taken, acne medication such as isotretinoin (Roaccutane)? ☐ YES ☐ NO

Do you have diabetes? ☐ YES ☐ NO

Do you have a heart or circulatory condition, or high / low blood pressure? ☐ YES ☐ NO

IF YES, DETAILS _____

Do you have epilepsy, seizures or a tendency to faint? ☐ YES ☐ NO

Do you have a bleeding or blood-clotting disorder (e.g. haemophilia)? ☐ YES ☐ NO

Do you have a bloodborne infection (hepatitis, HIV) or a weakened immune system? ☐ YES ☐ NO

RIGHT NOW

Are you pregnant or breastfeeding?	☐ YES	☐ NO
Are you currently ill, or do you have an infection or open wound?	☐ YES	☐ NO
Have you had alcohol or recreational drugs in the last 24 hours?	☐ YES	☐ NO
Have you eaten within the last few hours?	☐ YES	☐ NO

2 Anything else

ANYTHING ELSE WE SHOULD KNOW ABOUT YOUR HEALTH?

3 Declaration & consent

☐ I have answered these questions **truthfully and completely**, and I understand that withholding information may put my health at risk.

☐ I **expressly consent** to the studio processing the health information above for the sole purpose of safely assessing and carrying out my tattoo (**Art. 9 (2)(a) GDPR**). I may withdraw this consent for the future at any time; the data-protection information explains my rights and how long this form is kept.

PLACE, DATE

SIGNATURE