



## CONSENT FORM FOR TV PROGRAMME – MALTA'S ULTIMATE TATTOO CHALLENGE SEASON 2

### Basic Client Information

Client's Name & Surname	
Date of Birth & Age	
ID card or Passport No	
Address	
Contact number	
Contact person in case of emergency	

### Health Status

Do you suffer from Diabetes Mellitus?	Yes	No
Do you suffer from infectious diseases such as Tuberculosis or Herpes?	Yes	No
Do you suffer from Hepatitis, HIV, AIDS, or any other blood-borne infection?	Yes	No
Do you suffer from any skin condition?	Yes	No
Do you suffer from epilepsy/seizures?	Yes	No
Do you suffer from haemophilia?	Yes	No
Do you suffer from any heart condition?	Yes	No
Do you suffer from fainting or dizziness?	Yes	No
Do you have any relevant allergies? (Latex, metals)	Yes	No
Do you take medicines that act as blood thinners?	Yes	No
Are you on any steroid therapy?	Yes	No
Are you on chemotherapy or radiotherapy?	Yes	No
Did you drink any alcohol during the past 24 hours? (Please specify)	Yes	No
Did you take any recreational drugs in the past 24 hours? (Please specify)	Yes	No
Are you pregnant or lactating?	Yes	No

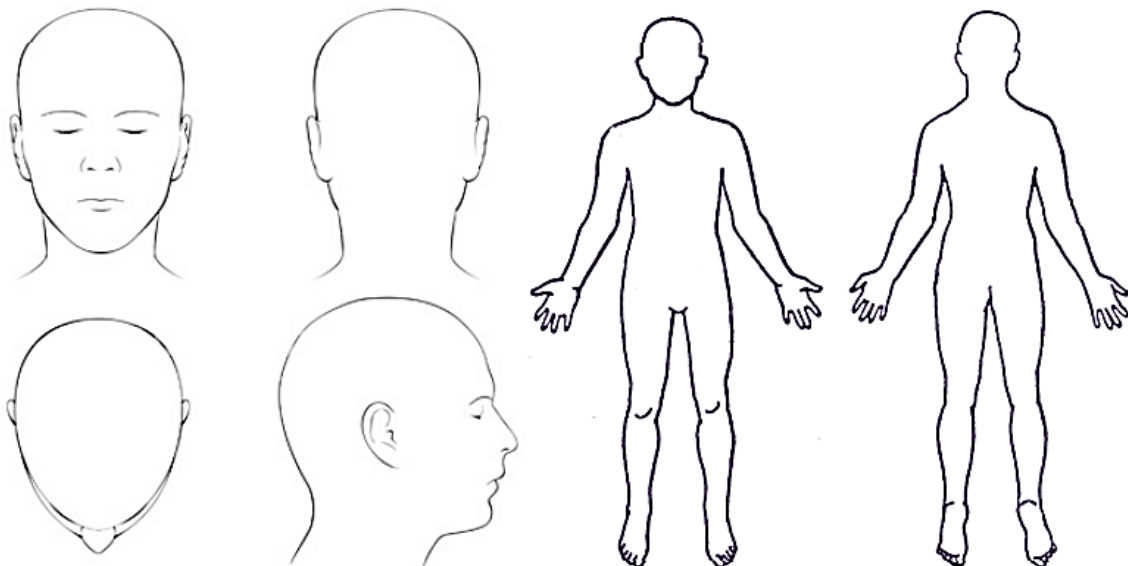
If the client suffers from any condition listed above, s/he needs to submit a doctor's certificate to certify that s/he is fit for the procedure on any specific area of the body.

### The procedure

Full name of licensed tattooist	
Date of procedure	
Specify area of procedure	
Describe the type of procedure	

1 <sup>st</sup> session	2 <sup>nd</sup> session	3 <sup>rd</sup> session

Indicate all above on a body sketch



**Client's Consent (to be signed before the procedure)**

I, \_\_\_\_\_, I.D. \_\_\_\_\_ hereby request and consent to the above procedure to be carried out on my body. I declare that I am of adult consenting age (18 years or older). I do not suffer from any medical condition listed under health status that may interfere in, or in any way complicate the procedure that will be carried out on my body or the healing phase (if so, a doctor's note should be provided). I give the tattoo artist permission to perform the tattooing procedure.

I understand that all of my personal information is confidential and will be used for no other purpose than for the tattooist's records. I understand that, as in all tattooing procedures, there are some very slight risks, which are not limited to pain, swelling and infection. I have read the above consent and I had the opportunity to ask questions about its content, and by signing below I agree to the procedure performed by the tattooing artist.

I understand that the personal data about me in this consent form will be kept in accordance with the current Data Protection Legislation and can be seen and reviewed by any health professional in the interest of Public Health.

I declare that I have been given after care instructions on the care of my tattoo during the healing process. I understand and will follow them. I acknowledge that it is possible that the tattoo can become infected, particularly if I do not follow the instructions given to me.

**I understand that the tattoo procedure will be filmed by JA MEDIA at ToyRoom Club St. Georges Road, Paceville and will be aired on ONE Tv and streamed online.**

**Full name of client** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Full name of licensed tattooist** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_