

## Declaration of consent

\_\_\_\_\_

First name

\_\_\_\_\_

Surname

\_\_\_\_\_

birth date

place of birth

\_\_\_\_\_

Address: Street, house number

post code, city

\_\_\_\_\_

phone number

email

\_\_\_\_\_

What kind of piercing should be done?



### Questionnaire:

Are you already pierced? Yes \_\_\_\_\_ No \_\_\_\_\_

Did any problems occur? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what were they? \_\_\_\_\_

Did you eat and drink enough today? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you frequently exposed to dust, dirt, moisture or the like at work ? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you consumed alcohol in the last 24 hrs? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any skin diseases? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any allergies or hypersensitivity reactions?

E.g.: Patches, medications, nickel Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, which ones? \_\_\_\_\_

Do you have any circulation problems? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have high or low blood pressure? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you taking any blood thinning medications? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a hemophiliac or diabetic? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you epileptic or have other seizures? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have hepatitis A or B infection? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have hepatitis C, HIV, or TBV infection? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you suffer from any venereal diseases? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you pregnant? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you taken any medications today? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you take any medications on a regular basis? Yes \_\_\_\_\_ No \_\_\_\_\_

## Declaration of consent

for the application of a piercing for the customer named overleaf:

According to §224 StGB, the application of a piercing constitutes bodily injury. Therefore, a declaration of consent is required, whereby the legal basis is created by the signature of the person to be pierced. The person to be pierced agrees in the sense of § 224 StGB that the piercer performs an intervention on his/her body when performing the piercing.

I hereby confirm that I am of legal age or that a legal guardian is present and that I have been informed in an understandable manner before signing this declaration.

This explanation referred to the risks and possible complications associated with piercing, about the way in which the jewelry is applied and the piercing procedure, as well as the fact that this may be associated with causing pain.

All my questions were fully answered. I had enough time and opportunity to make my decision.

I am aware that complications may occur despite all hygienic circumstances.

Care instructions were handed out to me.

I am not under the influence of drugs, alcohol or medication and am in full possession of my mental and physical powers.

The healing success of the piercing depends primarily on my own aftercare.

### Possible complications:

I have been informed that despite all precautionary and hygienic measures, the following complications may occur in the aftermath of a piercing:

Post-bleeding, redness, circulatory problems, allergies, inflammation, necrosis, regrowth, tooth damage, purulent infections, bruising, scarring, pain.

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place, date

signature

### For clients who are still minors:

I hereby declare that I am the legal guardian of the person named overleaf and consent to the intervention:

Name, first name:

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Street:

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post code, city:

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phone number:

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place, date

Signature of legal guardian