

**BOARD OF HEALTH – BODY PIERCING DISCLOSURE STATEMENT**

**THIS STATEMENT IS TO BE GIVEN TO ALL BODY PIERCING CLIENTS AND IS TO BE SIGNED BY THE CLIENT PRIOR TO PERFORMING ANY BODY PIERCING PROCEDURE-A SIGNED COPY MUST BE GIVEN TO THE CLIENT THE ESTABLISHMENT MUST KEEP A SIGNED COPY OF THIS SIGNED DOCUMENT ALONG WITH A PHOTO ID**

**BODY PIERCING  
DISCLOSURE STATEMENT**

As with any invasive procedure, body piercing may involve possible health risks. These risks include:

- **Infection – Blood-borne diseases such as Hepatitis C, Hepatitis B, Tetanus and HIV, the virus that causes AIDS.** Unsterile equipment and needles can spread infectious diseases; it is extremely important to be sure that all equipment is clean and sanitary before use.
- **Allergic reactions (sometimes severe)** to the jewelry metals and antiseptics.
- **Pain, bleeding, localized swelling and trauma** around the piercing site and **nerve damage.**
- **Localized infection-and Tetanus.**

You may not be allowed to donate blood either temporarily or permanently.

**The Body Piercing Practitioner should:**

Properly and thoroughly cleanse the area before the procedure. Use sterilized equipment. Use sterile techniques. Provide information on the aftercare of the area receiving body piercing.

**CONSULT A HEALTH CARE PROVIDER FOR** – Unexpected redness, tenderness or swelling at the site of the piercing, rash, unexpected drainage at or from the site of the piercing or fever within 24 hours of the piercing.

**HEALTH HISTORY AND INFORMED CONSENT**

**The following conditions may increase health risks associated with receiving body piercing:**

- (a) Diabetes
- (b) Hemophilia (bleeding)
- (c) Skin disease, lesions, or skin sensitivities to soap, disinfectants, etc.
- (d) History of allergies or other sensitivities
- (e) History of epilepsy, seizures, fainting or narcolepsy
- (f) Use of medications such as anticoagulants, (such as coumadin) which thin the blood and/or interfere with blood clotting
- (g) Hepatitis or HIV infection

**PROCEDURE FOR FILING A COMPLAINT**

If there is any injury, infection, complication or disease as a result of this procedure, seek medical attention and notify the:

**Fitchburg Board of Health  
166 Boulder Drive, Fitchburg, MA. 01420  
978-829-1872**

**CLIENT SIGNATURE**

I have received the above information. I do not have a condition that prevents me from receiving body piercing. I am not under the influence of drugs or alcohol. I consent to the performance of this procedure and I have been given verbal and written aftercare instructions as required by these regulations.

\*Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Parent or guardian signature required if under the age of 18.

No piercing of the genitalia shall be performed on a person under the age of 18.

Practitioner’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Location and description of work \_\_\_\_\_