**ALABAMA DEPARTMENT OF PUBLIC HEALTH**
**ADMINISTRATIVE CODE**

**CHAPTER 420-3-23**
**BODY ART PRACTICE AND FACILITIES**

## 420-3-23-AE Appendix E Medical History.

Please Answer The Following Questions:
Do you presently have, or have you ever had:

| | | |
|---|---|---|
| 1. | Hepatitis B? | Yes___ No___ |
| 2. | Hepatitis C? | Yes___ No___ |
| 3. | HIV/AIDS? | Yes___ No___ |
| 4. | Diabetes? | Yes___ No___ |
| 5. | History of Hemophilia or any other blood disorder/ disease? | Yes___ No___ |
| 6. | Skin diseases or skin lesions? | Yes___ No___ |
| 7. | Sensitivities to soaps, disinfectants, etc.? | Yes___ No___ |
| 8. | History of allergies or adverse reactions to pigments, dyes, latex, etc.? | Yes___ No___ |
| 9. | Tuberculosis? | Yes___ No___ |
| 10. | Immune disorders? | Yes___ No___ |
| 11. | History of epilepsy, seizures, fainting or narcolepsy? | Yes___ No___ |
| 12. | Scarring (keloids)? | Yes___ No___ |
| 13. | History of heart murmer or any heart disease/ condition? | Yes___ No___ |
| 14. | History of taking medicationssuch as anticoagulants that thin the blood and/or interfere with bloot clotting? | Yes___ No___ |
| 15. | Are you now under the influence of alcohol or drugs? | Yes___ No___ |
| 16. | Are there any other medical conditions which may affect your body art healing process? | Yes___ No___ |
| 17. | FEMALES: Are you pregnant or breast feeding/nursing? | Yes___ No___ |

IF YOU HAVE ANSWERED "YES" TO ANY OF THE ABOVE CONDITIONS, IT IS RECOMMENDED THAT YOU CONSULT WITH YOUR PERSONAL PHYSICIAN OR DENTIST BEFORE ANY PIERCING OR TATTOOING PROCEDURES ARE PERFORMED.

Signature:_____ Date:_____
Print Name:_____ Date of birth:_____
Address:_____

City, State, & Zip:_____
Phone Number: ( )-_____
Artist:_____
For Tattooing:
Design & Body
Site(s):_____

_____
For Piercing: Type Jewelry & Body
Site(s):_____
For Branding: Design & Body
Site(s):_____

Written aftercare instructions received? Yes___ No___

COMMENTS:

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