

## Information and consent

For the permanent introduction of dyes into human skin and mucous membranes for decorative purposes (also Permanent MakeUp)

For the sake of readability, this document is without gender-specific formulations. Where the male form is used for person-specific terms, they shall apply to all genders equally.

I consent to receiving a tattoo.  
A tattoo may be applied only where there is no evidence of any contraindication prohibiting it. Therefore, truthful answers to the following questions are a precondition of the application of a tattoo. Any tattoo is done **AT MY OWN RISK**

First name, surname:

Date of birth:

Address:

Telephone:

Email address:

Identified by:

ID:

Motif:

Body part:

Tattooist:

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*I will carefully read the following information prior to the information session. If anything is unclear, I will ask my tattooist to clarify it in the course of the information session. Should any questions still remain unanswered or should it be necessary to clarify allergic reactions to the dyes used in tattooing, it is advisable to consult a physician.*

## Health questions and information about contraindications

*I will answer the following health questions carefully and truthfully to ensure that any contraindications can be clarified as well as possible and possible risks can be better prevented.*

|  |                          |     |                          |    |       |
|--|--------------------------|-----|--------------------------|----|-------|
| ALLERGIES  | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | ..... |
| AUTOIMMUNE DISEASES  | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | ..... |
| CONGENITAL IMMUNE DEFICIENCY   | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | ..... |
| HAEMODILUTION THERAPY  | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | ..... |
| CHRONIC/ACUTE DISEASES   | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | ..... |
| FEVERISH   | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | ..... |
| INFECTIONS/INFECTIOUS DISEASES   |                          |     |                          |    |       |
| HAEMOPHILIA/BLEEDER  | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | ..... |
| SKIN DISEASES (if yes, which?)   | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | ..... |
| VENEREAL DISEASES  | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | ..... |
| IMMUNODEFICIENCY DISEASES  | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | ..... |
| HEPATITIS A, B, C, D, E, F   | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | ..... |
| HIV INFECTION / HIV-POSITIVE   | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | ..... |
| PREGNANCY  | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | ..... |
| DIABETES / diabetes mellitus   | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | ..... |
| MEDICATION   | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | ..... |
| ADDICTIVE DRUGS / Alcohol (how much consumed?)                                     | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | ..... |
| OTHER contagious/degenerative diseases, for example skin diseases (such as eczema) | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | ..... |
| OTHER causes of an immunosuppression   | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | ..... |

*Should the above-named conditions or my state of health change within the period scheduled for tattooing, I will report this to the tattooist immediately and without prompting by tattooist.*

I understand that there will be no tattooing (as tattooing is not permitted) in the case of contraindications such as haemophilia, diabetes, hepatitises, HIV, skin diseases, eczema, allergies, congenital immune deficiency, immunosuppression of any kind, autoimmune diseases, epilepsy, haemodilution therapy, venereal diseases, feverish infections, medication, and pregnancy.

## Information about adverse reactions, follow-up treatment, removal

### Possible adverse reactions during and after tattooing

Applying a tattoo to the skin is a painful and significant intervention in a person's physical integrity, and in the absence of a legally binding declaration of consent it can be defined as bodily injury under section 1325, General Civil Code (ABGB) and section 83, Criminal Code (StGB). I understand that even with the greatest of care and the flawless application of tattooing, medical risks such as irritation and inflammation of the skin and the formation of scarring around the periphery of the tattoo and its tissue, and allergic reactions cannot be prevented with certainty. Such medical risks can have the result that the affected body parts may have to be treated medically or even surgically.

The tattooist uses only sterile single-use materials and sterilisable tools and tattooing equipment approved in Europe and tested in a CTL (Chemical Technical Laboratory). However, a residual risk of an allergic reaction can never be ruled out completely.

The tattooing process permanently introduces dye below the skin. Excessive dye is removed by the lymphatic system and deposited in the lymph nodes and other organs. According to science and medical advances adverse health implications cannot be ruled out. Especially when multi-coloured dye and specifically red dye is used in tattooing, allergic reactions and inflammations can occur more often than when black dye is used.

During or after tattooing, complications can occur such as reddening, swelling, inflammation, allergic and inflammatory reactions, bleeding. These medical risks, especially irritation and inflammation of the skin and scarring in the periphery of the tattoo and its tissue, and other possible physical reactions (such as allergies) to the tattooing or to the dyes and materials used cannot be conclusively predicted in advance. In addition, when there is uncertainty as to the medical risks, it is recommended that a dermatologist is consulted.

In case of a cover-up over an old tattoo, there can be an allergic/toxic reaction of the skin as the dye used in the old tattoo and its consistency might be unknown.

In case of magnetic resonance imaging (MRI), problems may occur in the tattooed body parts. It has been scientifically proven that no problems occur when high-quality dyes approved in Europe are used. When dyes not approved in Europe are used, which may be contaminated with heavy metals, or when an MRI is done improperly, there can be reddening and heat build-up and even slight burn injuries.

After tattooing, an epidural anaesthetic can no longer be performed at the site of the tattoo. An epidural is

a spinal anaesthesia (insertion of a needle in or near the spinal canal to inject a freezing agent). I understand that after tattooing there would only be other anaesthetic methods available to me such as a general anaesthesia, especially for the performance of surgical interventions.

Excessively high UV or solar radiation may produce a photochemical reaction, even after years have passed. In case of photoactivity, the activity of a substance may lead to a slight elevation of the tattooed region and a slight burning similar to a sunburn, which usually recedes after the skin has cooled down; in case of photodegradation due to excessively intensive solar radiation, the tattoo may be damaged, and the resulting fragments may cause allergic reactions. Sun protection is therefore of utmost importance.

I have discussed with the tattooist and take note of any implications the tattoo may have on my occupation.

### **Aftercare**

I was given instructions about the aftercare of fresh tattoos (Annex 1) I have been informed about any follow-up work that might be necessary (touch-up recommended within 6 months).

For a period of at least 3 weeks after tattooing, I will use no swimming pools, saunas, solariums or other facilities with a high germ potential, and I will avoid direct sun exposure. I will also be careful in dealing with other risk sources in my private and work environment (such as pets, small children, changing diapers, sources of dirt at work, public transportation). I will not use cosmetics during the healing process on the tattoo and in the vicinity of the tattoo. If I do, or if I fail to be sufficiently careful, there is a higher risk, especially of allergic and inflammatory reactions.

During and after the application of the tattoo, there may be slight swelling and reddening for a short while. Experience shows that this will recede again after a short time. Should possible complications occur (such as inflammation, swelling, reddening, fever, rash), I will immediately contact the tattooist or consult my general practitioner, a dermatologist or an out-patient dermatology clinic.

### **Removal of the tattoo**

I understand that tattooing is an irreversible process. The dye introduced with the tattoo remains in the skin permanently. It depends on the removal methods and the equipment used whether a tattoo can be completely removed. In the attempt to remove a tattoo, remnants of dye and/or scars will remain. Under Austrian law, only physicians are allowed to remove tattoos.

Remarks of the tattooist \_\_\_\_\_(name)  
with regard to the information session

The following were discussed; possible contraindications, adverse reactions during and after tattooing such as allergic and inflammatory reactions, required aftercare of the tattooed body part, possibility of removing the tattoo and the risks involved (the following are to be noted in particular: individual peculiarities such as the cognitive ability of minors, legal guardianship and representation, and perhaps also the length of the information session).

SUPPLEMENTS

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**CONSENT TO TATTOOING**

I have answered the health questions to the best of my knowledge. I confirm that I have been thoroughly informed about contraindications which could stand in the way of tattooing.

I confirm that I have been thoroughly informed about the risks such as allergic and inflammatory skin reactions, the correct aftercare of the tattoo, about removal possibilities and the dangers involved therein. I have been instructed to use a suitable preparation to care for the tattoo.

I confirm that I have read and understood the above information. My questions were answered completely and in a manner I can understand.

I had sufficient time and opportunity to reconsider my decision. The motif was presented to me prior to the tattooing process.

**I agree to the application of tattoos to my skin as intended by the tattooist.**

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Name/signature of myself & if need be my legal guardian or my parents\*;  
place/date/time of day

I have received the care instructions and a brief description of the services provided, including batch numbers of the used dyes and substances, for home use (Annexes ./1 and ./2).

## Disclaimer

Prior to tattooing, the tattoo and/or the motif was sketched and presented to me by the tattooist. To a large degree, the final result depends on the skin consistency, and on me sitting or standing or lying still during tattooing. These factors cannot be controlled by the tattooist in spite of professional qualification and training, artistic talent and in spite of suitable, high-quality material. The tattooist shall only be liable for deviations of the final result from the sketched-out and presented tattoo in case of gross negligence or deliberate causation (exception: personal injuries).

In the first few days, the colour is somewhat more intense than the optical appearance in the end result. Depending on skin consistency, colour variations must be expected, requiring possible rework. The tattooist shall be liable for such colour variations only in case of gross negligence or deliberate causation (exception: personal injuries).

For the tattooist to determine whether contraindications exist which would prevent tattooing, the health questions in this document must be answered truthfully. The tattooist shall not be liable for damages resulting from the untruthful answering if he has helped or at least offered to help in the answering of the health questions, and has provided sufficient information about possible contraindications.

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Name/signature of myself & if need be my legal guardian or my parents\*;  
place/date/time of day

With my signature I confirm that I have read and understood the information regarding the data processing agreement according to Art. 28 GDPR. All statements made herein are subject to data privacy and shall therefore be dealt with in strictest confidentiality. I can find further privacy information in the privacy declaration which is posted on the premises.

\*When only one parent signs, it means that either he/she has sole custody or that he/she signs in agreement with the other parent.

### Annexes

- Aftercare Instructions (Annex ./1)
- Brief description of the services performed including batch numbers of dyes and substances used, for use at home (working documentation) (Annex./2)
- Photo consent, analogue and digital (Annex ./3)