

BODY ART
MEDICAL QUESTIONNAIRE FORM TEMPLATE

The Medical Questionnaire form below contains all the information required by law. The template should be cut and pasted onto your body art facility's letterhead or promotional material.

The Safe Body Art Act requires that prior to the performance of body art, the client shall receive, complete, and sign a questionnaire that includes all the following information:

YES	NO	QUESTIONNAIRE
☐	☐	I am at least 18 years of age.
☐	☐	I am currently pregnant.
☐	☐	I have a history of herpes infection at the proposed procedure site.
☐	☐	I have diabetes.
☐	☐	I have allergic reactions to latex or antibiotics.
☐	☐	I have hemophilia, a bleeding disorder, or cardiac valve disease.
☐	☐	I have a history of medication use and I am not currently using medication, including prescribed antibiotics prior to dental or surgical procedures. List of medications (attach a list if it exceeds the space provided below):
☐	☐	I have other risk factors for bloodborne pathogen exposure.

All information gathered from the client that is personal medical information and that is subject to the federal Health Insurance Portability and Accountability Act of 1966 (HIPAA) or similar state laws shall be maintained or disposed of in compliance with those provisions.

Client Name _____ **Client Signature** _____ **Date** _____