

Are you pregnant?

YES NO

Are you taking any prescription medications on a daily basis?

YES NO

Any other condition not listed above? *(please give details below)*

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\_\_\_\_\_(INITIAL) - O BEAUTY STUDIO has given me the full opportunity to ask any question about the procedure and application of my tattoo and all of my questions, if any, have been answered to my total satisfaction.

\_\_\_\_\_(INITIAL) - I acknowledge that I have been given adequate opportunity to read and understand this document that it was not presented to me at the last minute and grasp that I am signing a legal contract waiving certain rights to recover damages against O Beauty Studio.

If any provision, section, subsection, clause or phrase of this release is found to be unenforceable or invalid, that portion shall be severed from this contract. The remainder of this contract will then be construed as though the unenforceable portion had never been contained in this document.

I hereby declare that I am of legal age (and have provided valid proof of age and identification) and am competent to sign this Agreement.

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

Print Name: \_\_\_\_\_

Form of Identification: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Technician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_



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CONSENT FORM OBS-S02L

O BEAUTY STUDIO IS OBLIGATED TO PERFORM TREATMENT IN STRICT COMPLIANCE WITH ALL HYGIENE & HEALTH PROTETION MEASURES. THIS DOCUMENT IS TWO-PAGES. PLEASE INTITIAL IN THE BOXES PROVIDED AFTER READING TO SHOW THAT YOU UNDERSTAND EACH PROVISION. FEEL FREE TO ASK ANY QUESTIONS REGARDING THIS WAIVER.

LOCATION: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT: \_\_\_\_\_

MEDICAL CONDITION QUESTIONNAIRE - In order to perform the Microblading treatment in a safe manner, please answer the following questions truthfully.

Are you over the age of 18 or older? YES NO

Do you suffer from the following diseases or are you taking any of these medications?

Latex YES NO

Hemophilia YES NO

Diabetes mellitus (diabetes) YES NO

Hepatitis A, B, C, D, E, F YES NO

HIV+ YES NO

Skin diseases YES NO

Eczema YES NO

Allergies YES NO

Autoimmune diseases YES NO

Are you prone to herpes? YES NO

Infectious diseases/high fever YES NO

Epilepsy YES NO

Cardiovascular problems YES NO

Are you taking medication for blood thinning (anticoagulants)? YES NO