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 ____________________________________________________________