Commonwealth of Virginia
Department of Professional and Occupational Regulation
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Virginia Board for Barbers and Cosmetology EAR-PIERCING CLIENT DISCLOSURE FORM

Data F	Piercing Performed				
Date	lerding r endrined	MM/DD/YYYY			
Client'	s Name				
		Last	First	Middle	Suffix
Client'	s Date of Birth				
		MM/DD/YYYY	•		
• •	of ID Provided				
•	•			ars of age, knowing or having reas	
•	•		, .	e person's parent or guardian OR (i her medical services personnel lic	,
-	4.1 when performi		registered flurse of of	nei medicai services personnei no	ensed pursuant to
	•	•	on any client unless h	e complies with the Centers for Dis	sease Control and
	•		•	and provides the client with the foll	
1.	Ear-piercing is an	invasive procedure in wh	ich the skin is penetrat	ed by a foreign object.	
2.	If proper sterilizat	ion and antiseptic proced	ures are not followed	by the ear-piercers, there is a risk	of transmission o
	•	•	s, including, but not I	imited to, human immunodeficienc	y viruses (HIV) as
	well as Hepatitis I				
		cause allergic reactions ir	•		
4.		•		e anesthesia cannot be legally mad	•
	board.	g the ear-piercing unless	such person holds the	appropriate license from a Virginia	a nealth regulatory
l istor		of the nossible risks and	d dangers associated	I with receiving an ear-piercing:	
		discomfort or pain;	a dangers associated	with receiving an ear-piercing.	
2.	The possibility of	scarring;			
3.	The possibility of	bleeding;			
4.	The possibility of	swelling;			
5.	The risk of infection	on;			
6.	The possibility of	nerve damage; and			
7.	The increased ris	k for adolescents during c	ertain stages of develo	pment	
	NOTE: The Co	mmonwealth of Virginia	makes no endorsem	ent of the safety of the practice o	f ear-piercing.
CLIEN	IT ACKNOWLED	SEMENT			
By sig	ning below, I ackno	owledge that:			
1.	I have read the in	formation shown above.			
2.	I have been verl receiving an ear-p		actitioner providing the	e service of the risks and danger	rs associated with
3.	I have been giver	the opportunity to have a	third party present wh	ile receiving ear-piercing services.	
Client'	s Signature			Date	
Legal Guardian Signature					
Logui	IF REQUIRED	<u> </u>			
Licensed Practitioner's Signature				Date	

Practitioner's Virginia License No.