

# DISQUALIFICATION LIST

Prior to accepting models or clients, it is important to have a written DISQUALIFICATION LIST or CONTRAINDICATIONS LIST so that clients can refer to and find out if they qualify and is a candidate for lip blush or permanent cosmetic enhancements in general

## NOT EVERYONE IS A CANDIDATE FOR PERMANENT MAKE UP.

The following list are contraindications which would disqualify a client because it would affect the client and their healed results and may present issues to the procedure overall. This list is based on information provided by the health department with additional adjustments to make it even more thorough

This list should be available on whichever platform clients use to book appointments, social media account (such as Instagram in highlights or Facebook), business website and also included again somewhere in the intake form packet

Please read each of the following

- **CLIENT DOES NOT** have any known allergies to pigmentation or topical anesthetics  
A topical anesthetic is applied during and throughout procedure to numb and reduce pain to the treated area. Please notify PMU Artist of ANY allergies you may have or had **PRIOR** to booking appointment. Patch tests may be administered, as necessary.
- **CLIENT DOES NOT** have any of the following conditions that will disqualify them from the procedure  
If CLIENT proceeds to book with any of these underlying conditions and does not inform PMU Artist, CLIENT will be immediately disqualified, denied booked procedure and future services from the PMU Artist and establishment, and forfeits any deposits made.
- **Transmittable Blood Conditions/ Blood Borne Diseases**  
Examples are, but are not limited to: Human Immunodeficiency Virus (HIV), Acquired Immunodeficiency Syndrome (AIDS), Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), etc.
- **Currently diagnosed with any type of active skin cancers in the area where procedure is to be done**
- **Currently undergoing or has future planned/scheduled radiation therapy and/or chemotherapy sessions or any other treatments**
- **Has received radiation therapy, chemotherapy, or any other treatment within the last 45 days**

- Has any type of skin diseases in the area where procedure is to be done  
Examples are, but are not limited to Psoriasis, Eczema, Severe Acne, etc
- Has any diagnosed or undiagnosed rashes, blisters, bumps, or inflammation in area where procedure is to be done
- Currently experiencing Shingles, Chickenpox, Measles, etc
- Has a history of or is currently experiencing any type of Post Inflammatory Hyper Pigmentation (PIH)
- Currently taking any type of skin medications for any ongoing treatments  
Examples are, but are not limited to Antasure, Ro-Accutane, Topical or Oral Steroids, etc
- Diagnosed with Glaucoma
- Currently experiencing Pink Eye or any other types of eye irritations/infections
- Diagnosed with Diabetes
- Diagnosed with Hemophilia
- Diagnosed with Mitral Valve Disorder or High Blood Pressure and/or taking any type of blood thinning medications
- Has a history of heart attacks, strokes, and/or heart defects
- Has any type of heart disorders or diseases
- Has experienced or a history of fainting and/or seizures or is an Epileptic
- Has any type of healing disorders

If client has any of the highlighted conditions or severe eczema, they may check with their own primary medical physician as to whether or not they can receive any services. If possible, receive a doctor's note. YOU ARE NOT A DOCTOR. If you are unsure regarding certain conditions or medications, have the client consult with their physician.

Remember, clients may not always pay attention to this list or details, therefore, it is also your responsibility to determine if the client is a good candidate during consultation. The main objective is always to achieve proper and beautiful HEALED RESULTS.