

CLIENT TANNING RECORD

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|---------|------|---------------|---------------------------------|------------------|
| Name* | | Date of Birth | Skin Type (Fitzpatrick scale)** | |
| | | | | |
| Address | City | State | Zip code | Telephone number |
| | | | | |

*Do you have a family history of skin cancer? (Yes / No)

*Do you have a medical history of skin cancer? (Yes / No)

**Fitzpatrick scale means the following scale for classifying a skin type, based on the skin's reaction to the first 10 to 45 minutes of sun exposure after the winter season:

| <u>Skin Type</u> | <u>Sun burning and Tanning History</u> |
|------------------|--|
| 1 | Always burns easily; never tans |
| 2 | Always burns easily; tans minimally |
| 3 | Burns moderately; tans gradually |
| 4 | Burns minimally; always tans well |
| 5 | Rarely burns; tans profusely |
| 6 | Never burns; deeply pigmented |

PLEASE READ THE FOLLOWING CUSTOMER NOTICE:

- (A) Failure to use the eye protection provided to the customer by the tanning facility may result in permanent damage to the eyes;
- (B) Overexposure to ultraviolet light causes burns;
- (C) Repeated exposure may result in premature aging of the skin and skin cancer;
- (D) Abnormal skin sensitivity or burning may be caused by reactions of ultraviolet light to certain:
 - (i) Foods;
 - (ii) Cosmetics; or
 - (iii) medications, including:
 - (I) tranquilizers; (IV) high blood pressure medicines; or
 - (II) Diuretics; (V) birth control pills;
 - (in) antibiotics;
- (E) Any person taking a prescription or over-the-counter drug should consult a physician before using a tanning device;
- (F) Pregnant women should consult their physician(s) before using a tanning device.
- (G) A person with skin that always burns easily and never tans should avoid a tanning device; and
- (H) A person with a family or past medical history of skin cancer should avoid a tanning device.

For consumers 18 years of age or older: My signature and date acknowledges that I have read and understood the above customer notice and the warning signs posted in the entry area and tanning room(s). In addition, I agree to wear protective eyewear.

SIGNATURE: _____ **Date:** _____

For consumers under the age of 18 years of age (parent or legal guardian signature required): My signature and date acknowledges that I have read and understood the warnings given by the tanning facility operator, to include the above customer notice and the warnings posted in the entry area and tanning rooms. I consent to the minor's use of a tanning device and agree that the minor will use protective eyewear. In addition, if the minor is under the age of 16 years, I will remain at the tanning facility while the minor is using a tanning device.

Signature: _____ **Date:** _____
Relation to Minor: _____

if the minor is under the age of 13, written permission from the minor's physician is also required.

PHYSICIAN & LICENSE #: _____ **DATE:** _____