

TANNING PROFILE AND CONSENT FORM

Last Name _____ First Name _____ Middle _____ Birth Date ____/____/____
Address _____
City _____ State _____ Zip _____
Phone (____) _____ (____) _____ (____) _____
Home Work Other

Under 18 years of age yes____ No____ Email address _____
How did you hear about us? Yellow pages ____ Newspaper ____ Radio ____ Riding by ____TV ____ Friend _____ Other _____

PLEASE ANSWER ALL QUESTIONS HONESTLY. FABRICATION OF ANY OF THE INFORMATION CONTAINED IN THIS FORM IS UNLAWFUL. THE ANSWERS TO YOUR QUESTIONS WILL RESULT IN DETERMINING PROPER TANNING EXPOSURE TIME, INCLUDING RISKS ASSOCIATED WITH MEDICATIONS (EITHER INGESTED OR TOPICALLY APPLIED).

Medical History

Please circle appropriate answer

- | | | |
|--|-----|----|
| 1. Are you currently taking any medication?
If yes please list _____ | YES | NO |
| 2. Was the medication prescribed by a doctor? | YES | NO |
| 3. Have you been determined to be allergic to medication?
If yes please list _____ | YES | NO |
| 4. Is the doctor aware that you are still on the medication? | YES | NO |
| 5. Do you have or have you had any skin disorders requiring medical treatment?
If yes please list _____ | YES | NO |
| 6. Do you experience rashes of any kind? | YES | NO |
| 7. Do you occasionally experience dizziness while in the sun? | YES | NO |
| 8. Have you ever had eye disease, or eye damage requiring medical treatment? | YES | NO |
| 9. Have you ever tried to tan your eyes? | YES | NO |
| 10. Have you ever experienced a painful sunburn?
If yes, how many times _____ And list youngest age _____ | YES | NO |
| 11. Have you or a member of your immediate family ever had or been treated for skin cancer?
If yes whom _____ Type (if known) _____ | YES | NO |
| 12. Are you or do you believe you are pregnant?
If yes you must consult your physician before tanning in general. | YES | NO |
| 13. If you are currently being treated for a skin condition or disease, consult your physician prior to tanning in general. | | |

Personal Tanning History

- | | | |
|--|-----|----|
| 1. Have you ever been injured as a result of tanning activity in general? Either from the sun or indoor tanning or a combination of both? If yes, please list problem(s) _____ | YES | NO |
| 2. Have you ever been told that tanning is safe and free of risk? | YES | NO |

Determining Your Skin Type (Check One)

- _____ I - Always burns or usually burns, (very fair skin color, white to pale skin) FAIR
_____ II - Moderately burns, tans average (skin color pale to olive) AVERAGE
_____ III - Minimally Burns, tans easily (olive to light brown skin) BROWN
_____ IV - Rarely burns, tans substantially (brown to dark brown skin) DARK BROWN

CONSUMER RULES AND REGULATIONS

- You are to notify your tanning operator if any health problem occurs while using the tanning equipment.
- Your tanning time is determined by law. Your tanning operator will suggest proper exposure amount based on skin type, the exposure schedule listed on the tanning equipment (which is determined by the manufacturer & given in minutes per session weekly). **GOING BEYOND THE MAXIMUM EXPOSURE TIME IS UNLAWFUL & MAY INCREASE YOUR RISK OF DEVELOPING A HEALTH RELATED CONDITION.**
- You must read all posted notices and information on the tanning device. If you do not understand the information, consult the spa staff.
- Carefully review the medication list provided or posted by your staff. If a drug is listed that you are taking, notify you're the staff immediately.
- Never tan indoors and/or outdoors twice in the same 24 hour period.
- Under no condition will a person be allowed to tan while under the influence of alcohol.
- As required by State regulations, only one person at a time can tan in the room. **ABSOLUTELY NO CHILDREN ARE ALLOWED IN ROOM DURING THAT TIME.**

CONTINUED ON BACK

