

SAMPLE CLIENT TANNING RECORD

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>Reaction to Sun Exposure</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;
 - (II) diuretics;
 - (III) antibiotics;
 - (IV) high blood pressure medicines; or
 - (V) birth control pills;
- (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 18 years of age and at least 16.5 years of age: 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 room(s). In addition, I have read and understood the advisory statement issued by the Texas Medical Board, warning of the dangers of indoor and outdoor tanning and its association with skin cancer, eye damage, and other health risks, provided by the tanning facility. As the parent or legal guardian of the minor, I consent in person at the facility to the minor's use of a tanning device and agree that the minor will use protective eyewear at all times while using the tanning device. This consent may be revoked at any time.

SIGNATURE OF MINOR: _____ DATE: _____

SIGNATURE OF PARENT/LEGAL GUARDIAN: _____ DATE: _____

RELATION TO MINOR: _____

SIGNATURE OF PARENT/LEGAL GUARDIAN REQUIRED FOR

REVOCAION OF CONSENT: _____ DATE: _____

