

# Tanning Client Data & Consent Record

NAME: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Please answer the following questions honestly to help our technicians evaluate your skin type and design your tanning program properly. **Skin Type:** \_\_\_\_\_

1. Are you currently taking any medications (prescription or over-the-counter)? **Y/N**  
 If YES please consult the Medication List and/or your physician!
2. Are you currently taking any photosensitizing medications? **Y/N**  
 If yes, please consult the medication list and/or your physician!
3. What is your natural hair color? \_\_\_\_\_  
 Do you color your hair? **Y/N**
4. What is your natural eye color? \_\_\_\_\_  
 (Note: Contact lenses should be removed while tanning to prevent eye injury!)
5. Have you ever suffered a major sunburn? **Y/N**  
 If so, how long ago did this occur? \_\_\_\_\_
6. Do you normally tan easily? **Y/N**
7. Has a doctor ever told you to stay out of the sun? **Y/N**
8. Do you usually freckle when exposed to sunlight? **Y/N**
9. Are you pregnant? **Y/N**
10. Do you use sun block lotion for lip and skin protection while outside? **Y/N**  
 (Note: Lips should always be protected from exposure while tanning)
11. What are your average hours of exposure to sunlight per day? \_\_\_\_\_

**Warning Statement (OAR 333-119-0050):** Not wearing the protective eyewear provided to each customer by the tanning facility may cause damage to the eyes. Overexposure to the tanning process may cause burns. Repeated exposure to the tanning process may cause skin cancer or premature aging of the skin or both. Abnormal skin sensitivity or burning may result from the tanning process if the customer is also consuming or using certain foods, cosmetics, or medications such as tranquilizers, antibiotics, diuretics, high blood pressure medication, antineoplastics or birth control pills. Any person taking a prescription or over-the-counter drug should consult a physician before using a tanning device.

**Liability Disclaimer:** We, and our employees and agents, are not liable for any injury to person or property caused in any way by the use of these premises. Also, they are not liable for the loss or theft of any personal property. Each person is responsible for safeguarding his or her own property.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 (If under 18, parent or legal guardian must also sign consenting to the above)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Client Initials	Goggles Y/N	Date+ Year	Exposure Time	Client Initials	Goggles Y/N	Date+ Year	Exposure Time
1.				23.			
2.				24.			
3.				25.			
4.				26.			
5.				27.			
6.				28.			
7.				29.			
8.				30.			
9.				31.			
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17.				39.			
18.				40.			
19.				41.			
20.				42.			
21.				43.			
22.				44.			