

Tanning Client Record

Name: _____

ALL FIELDS MUST BE COMPLETED

Skin Type #: _____ Staff Name: _____

Birth Date (mm/dd/yr): ___ / ___ / ___

ID Type _____ ID # _____

Are you currently taking any photosensitizing medications? Y / N
 Have you ever been told by a medical provider to avoid the sun? Y / N
 Are you pregnant? Y / N

If you answered yes to any of these questions, please consult your medical care provider before tanning.

Warning Statement OAR 333-119-0050

- Exposure to the tanning process may cause skin cancer. Regular tanners should be regularly screened for skin cancer.
- Not wearing protective eyewear may cause eye damage.
- Overexposure to the tanning process may cause burns.
- Repeated exposure may cause premature aging of the skin.
- Skin sensitivity or burning may result from tanning bed use if the customer is 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.
- Individuals who do not tan in the sun will not tan with this product.

Client Signature: _____ Date: _____

Note: This card must be updated annually (once a year)
 Oregon Health Authority/Radiation Protection Services

Name: _____

Client Initials	Goggles Y/N	Date+ Year	Exposure Time	Client Initials	Goggles Y/N	Date+ Year	Exposure Time
1.				21.			
2.				22.			
3.				23.			
4.				24.			
5.				25.			
6.				26.			
7.				27.			
8.				28.			
9.				29.			
10.				30.			
11.				31.			
12.				32.			
13.				33.			
14.				34.			
15.				35.			
16.				36.			
17.				37.			
18.				38.			
19.				39.			
20.				40.			

Client Skin Typing Questionnaire

Directions: Answer all of the questions honestly. Add up your points and use the guide at the bottom of the chart to determine your skin type. Make sure your skin type number is recorded on your client card at the tanning salon (this can be paper or electronic). To help prevent burns, initial tanning times and continued tanning times are determined from this number.

Fitzpatrick Scale Questions	0 point	1 point	2 point	3 point	4 point	Points
What is the natural color of your eyes?	Light blue, gray or green	Blue, gray, or green	Hazel or Light Brown	Dark brown	Brownish black	
What is the natural color of your hair?	Red or Light blonde	Blonde	Dark blonde or Light brown	Dark brown	Black	
What is your natural skin color before sun exposure?	Ivory White	Fair or Pale	Fair to Beige	Olive or Light brown	Dark brown or black	
How many freckles do you have on unexposed areas of your skin?	Many	Several	Few	Very Few	None	
How does your skin respond to the sun?	Always burns, blisters & peels	Often burns, blisters & peels	Burns moderately	Burns rarely, if at all	Never burns	
Does your skin tan?	Never, I always burn	Seldom	Sometimes	Often	Always	
How deeply do you tan?	Not at all or very little	Lightly	Moderately	Deeply	My skin is naturally dark	
How sensitive is your face to the sun?	Very sensitive	Sensitive	Normal	Resistant	Never had a problem	
Total Points						

Type I (0-6) | Type II (7-12) | Type III (13-18) | Type IV (19-24) | Type V (>25)