

**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 medications, 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)*

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.			