

TANNING CLIENT PROFILE

Name _____ Date _____
 Bus: _____ Res: _____ Cell: _____
 Address: _____ eMail: _____
 City _____ State _____ ZIP _____
 Occupation _____ Employer _____
 Birth Date: Month ____/____/____ Client Photo 1st Visit ____/____/____
 Referred by _____ Mail Ads Friend Other _____

*In order to provide you with the best possible services.....
 Please complete the following to the best of your ability.*

MEDICAL: Are you currently or within the last year under ANY Doctors care?
 NO YES? Explain: _____

Any Health Problems:
 Medical or Skin Sensitivity Conditions Bleeding Disorders Medications
 Allergies to Topical Solutions Medicines Health Problems
 Complications at a Service _____

Are you taking any medications that may cause sensitivity NO YES? _____
 Do you ever experience any skin break out? NO YES? _____
 Have you ever had a negative reaction to any treatments? NO YES? _____
 Do you have any allergic reaction to sunlight? NO YES? _____
 Do you Burn? Always Usually Occasionally Rarely Never
 Do you Tan? Lightly Moderately Dark Tendency to freckle? NO YES # _____
 Do you color your hair? NO YES Natural Hair Color _____
 What is your Skin Condition? Dry Oily Unremarkable. _____
 What is your average exposure to sunlight on a daily basis? _____
 What outdoor activities do you participate in? _____
 Do you use a lotion or moisturizer? NO YES? _____

**For your health and safety, you MUST always use Protective Eyewear.
 The use of the Suntan unit without protective eyewear can cause the early formation
 of cataracts and/or temporary or permanent blindness.**

My signature indicates that I have read and understand the above questions, precautions and warnings. I am of lawful age and represent myself as physically fit and capable of using the tanning facility provided me. I understand there are risks associated to sun tanning which may cause sensitivity, burns, skin conditions or other medical conditions. I voluntarily assume those risks and agree to hold the centers it's agents, employees, and owners harmless for any injury resulting from the tanning activity. I acknowledge that I have or will receive instructions in the proper operation of the equipment. I agree to abide by and follow all instructions.
I RELEASE and DISCHARGE the _____ tanning center, it's agents, employees and the owner from any and all liability for any loss, injury or damage to me or my property.

Date _____ Signature _____

If under legal age, parent or guardian must also sign, consenting to the above.

Signature (Parent or Guardian) _____ Date _____

VISIT	DATE	EXPOSURE TIME	OPER Initials	COMMENTS	CUST Initials
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