Studio name _____

UV tanning consent

This takes about two minutes. You sign it once a year, and the front desk checks it before each session.

Federal sunlamp warning (21 CFR 878.4635)

The law's own words, in English as the statute is written.

Attention: This sunlamp product should not be used on persons under the age of 18 years.

21 CFR 878.4635 (sunlamp products and UV lamps intended for use in sunlamp products) https://www.ecfr.gov/current/title-21/section-878.4635

Initials _____

Federal sunlamp warning (21 CFR 878.4635)

The law's own words, in English as the statute is written.

Contraindication: This product is contraindicated for use on persons under the age of 18 years.
Contraindication: This product must not be used if skin lesions or open wounds are present.
Warning: This product should not be used on individuals who have had skin cancer or have a family history of skin cancer.
Warning: Persons repeatedly exposed to UV radiation should be regularly evaluated for skin cancer.

21 CFR 878.4635 (sunlamp products and UV lamps intended for use in sunlamp products) https://www.ecfr.gov/current/title-21/section-878.4635

Initials _____

About you

Your name
First name

Last name

Date of birth (MM/DD/YYYY)

Phone

Email

Photo of your ID

Attach a copy of the photo ID to this form

Emergency contact

Your skin

Your skin type

Health questions

Please answer every question so the salon can plan your session around your health. These questions aren't medical advice, so check with your doctor about anything you're unsure of.

Do you take any medicine, cream or supplement that can make skin more sensitive to light, such as some antibiotics, acne medicines or St. John's wort?

☐ Yes ☐ No

Which ones?

Do you have lupus or another condition that makes you sensitive to light?

☐ Yes ☐ No

Have you, or a parent, brother or sister, ever had skin cancer?

☐ Yes ☐ No

Do you have a sunburn, an open sore, a rash or a new tattoo today?

☐ Yes ☐ No

Where?

In the last week, have you had a chemical peel, laser treatment, microneedling or waxing?

☐ Yes ☐ No

What, and when?

Are you pregnant, or could you be?

☐ Yes ☐ No

Do you have an eye condition, or have you had eye surgery in the last six months?

☐ Yes ☐ No

What you agree to

The federal warning on sunlamp products

UV exposure
I understand ultraviolet light from tanning beds can burn my skin and injure my eyes, can cause early skin aging and skin cancer, and that the effects add up over time.

Initials ☐

Protective eyewear
I'll wear the protective eyewear the salon gives me for my whole session. Closing my eyes or wearing sunglasses isn't enough.

Initials ☐

Time between sessions
I'll keep to the session length the salon sets for my skin type and the bed, and wait at least the time the salon sets between sessions. I won't tan anywhere else on the same day.

Initials ☐

New medicines
I'll tell the salon before my session if I start a new medicine or skin product, because some make skin burn more easily.

Initials ☐

The federal warning
I've read the federal warning on sunlamp products shown on this form.

Initials ☐

No health claims
I understand the salon makes no claim that this service improves my health, and it doesn't take the place of care from my doctor.

Initials ☐

Stopping
I can end my session at any time. I'll stop and tell staff right away if I feel dizzy, sick, too hot or too cold, or anything feels wrong.

Initials ☐

My answers
My answers are true and complete. I'll tell the salon before a session if my health or medicines change.

Initials ☐

the studio uses your health answers only to do your appointment safely and to keep the records the law requires. They are never used for marketing or sold. They are stored encrypted, and every time someone at the studio opens them it is logged.

Your signature _____ **Date** _____

Printed name _____

For staff (For the studio)

UV tanning consent

Bed or booth

Minutes

Protective eyewear handed over

☐ Yes ☐ No