

Client Name: _____ Home Phone: () _____ - _____

Address: _____ Work Phone: () _____ - _____

Birthdate ____ | ____ | ____

First Visit: ____ | ____ | ____

Last Visit: ____ | ____ | ____

Please list any and all prescriptions/nonprescription, any cosmetics, toiletries, and tanning accelerators.

TANNING HISTORY:	Select category that describes you best
<input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever tanned with indoor equipment?	<input type="checkbox"/> Always burn, never tan
<input type="checkbox"/> Yes <input type="checkbox"/> No Do you tan easily?	<input type="checkbox"/> Always burn, sometimes tan
<input type="checkbox"/> Yes <input type="checkbox"/> No Are you tan now?	<input type="checkbox"/> Sometimes burn, always tan
<input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a tendency to burn?	<input type="checkbox"/> Never burn, tan readily
<input type="checkbox"/> Yes <input type="checkbox"/> No Do you have any known allergies to sunlight?	
<input type="checkbox"/> Yes <input type="checkbox"/> No Do you normally use tanning lotions or oils?	
<input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had a negative reaction to tanning?	

MEDICAL HISTORY:
<input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently taking any prescribed medications?
<input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently taking any over the counter medication?
<input type="checkbox"/> Yes <input type="checkbox"/> No Are you allergic to any medication?
<input type="checkbox"/> Yes <input type="checkbox"/> No Are you allergic or sensitive to any cosmetics, soaps, etc.
<input type="checkbox"/> Yes <input type="checkbox"/> No Are you under any medical care for your skin?
<input type="checkbox"/> Yes <input type="checkbox"/> No Are you pregnant? If yes, you should consult your physician before tanning.
<input type="checkbox"/> Yes <input type="checkbox"/> No Are you handicapped? If yes explain:
<input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had eye surgery? If yes explain:

WARNING: DANGER – ULTRAVIOLET RADIATION

Overexposure from ultraviolet radiation can cause eye and skin injury and/or allergic reactions. Exposure to ultraviolet radiation may cause possible activation of some viral conditions such as cold sores. Repeated exposure may cause premature aging of skin, increased risk of skin cancer, and skin thickening. Failure to wear the proper protective eyewear may result in severe burns to the eyes and may result in long term injury to the eyes. Closing the eyes is not sufficient. Medications may increase your sensitivity to UV radiation and cause burning or rashes. Tanning may be inadvisable during pregnancy.

I have read and understand the above statements and have answered the questions to the best of my knowledge.

I have reviewed the list of photosensitizing drugs and agents and I am not using any to my knowledge.

I have reviewed information in how different skin types respond to tanning.

I will wear protective eyewear while tanning.

I will report immediately to the operator any negative effects incurred while tanning.

I will report any changes on this form to the operator before tanning.

Joe's Gym, LLC their employees and agents are not liable for any injury to person or property caused in any way by the use of its services, equipment or its premises. Also they are not liable for the loss or theft of any personal property.

I have read and understand the above given to me by Joe's Gym, LLC. I have also read the photosensitizing list warning statement of 2007 and the IDPH health warnings.

Yes, I, _____, have read and understand this warning.
(Print Name)

Customer Signature: _____ Date: _____