

# Sunbed Client Profile

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Post code: \_\_\_\_\_

Tel. No. (h): \_\_\_\_\_ (w): \_\_\_\_\_

Date of birth: \_\_\_\_\_

I have received the sunbed advice leaflet, and understand that I **MUST WEAR EYE PROTECTION** when using the sunbeds.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Card No: \_\_\_\_\_ Rec: \_\_\_\_\_

Flex: \_\_\_\_\_

## OFFICE USE ONLY

Card issued: \_\_\_\_\_

Card No: \_\_\_\_\_ Initial: \_\_\_\_\_

where health and  
leisure work together...



	YES	NO
<b>ARE YOU PREGNANT?</b>		
<b>Are you taking?</b>		
Antibiotics		
Anti-malarials		
Analgesics		
Anti-depressants		
Blood pressure medication		
Psoralins		
Diuretics		

**This list is not exhaustive. The information leaflet accompanying medicines normally indicates photosensitivity.**

**IF YOU ANSWER YES TO ANY OF THE QUESTIONS ABOVE, PLEASE CONSULT YOUR DOCTOR OR PHARMACIST BEFORE USING A SUNBED**

	YES	NO
Are you under 16 years of age?		
Do you have any medical condition that is worsened by sunlight		
Do you have skin type 1? (See Sunbed Advice leaflet)		
Do you have a large number of freckles or moles?		
Have you, or anyone in your immediate family, had a skin cancer?		
Do you have a history of sunburn, especially as a child?		

**IF YOU ANSWER YES TO ANY OF THE QUESTIONS ABOVE, WE CANNOT ALLOW YOU TO USE A SUNBED**

	YES	NO
Sunbed advice leaflet received		