Sunbed client consultation and consent form

Complete before a client's first session. Review at least every 12 months or when anything changes. Contains health information: store securely.

tannoo

1. Client details

Full name _____ Date of birth _____

Phone _____ Email _____

2. Age check (staff complete)

☐ Photo ID seen Type: ☐ Passport ☐ Driving licence ☐ PASS card ☐ Other ____

Date checked _____

Checked by (staff name) _____

Client is 18 or over: ☐ Yes ☐ No → refuse and log

3. Skin type (staff and client together)

Skin type	Description	Note
☐ **Type I**	Always burns, never tans. Very fair skin, often red or fair hair, freckles.	Do not use a sunbed
☐ **Type II**	Burns easily, tans slowly and with difficulty. Fair skin.	High risk: shortest sessions
☐ **Type III**	Sometimes burns, tans gradually. Light to light-olive skin.	
☐ **Type IV**	Rarely burns, tans easily. Olive or light brown skin.	
☐ **Type V**	Very rarely burns, tans very easily. Brown skin.	
☐ **Type VI**	Never burns. Dark brown or black skin.	

4. Health questions

1	Are you under 18?	☐ **Yes** ☐ **No**
2	Have you had skin cancer, or does anyone in your close family have a history of melanoma?	☐ **Yes** ☐ **No**
3	Do you have a lot of moles (more than 50), or any mole that has changed?	☐ **Yes** ☐ **No**
4	Do you burn easily in the sun, or have you got sunburn now?	☐ **Yes** ☐ **No**
5	Are you taking any medicine or using any cream that can make skin sensitive to light? (for example some antibiotics, acne treatments, diuretics or St John's Wort) Ask your pharmacist if unsure.	☐ **Yes** ☐ **No**
6	Do you have a skin condition that sunlight makes worse, or a condition affecting your eyes?	☐ **Yes** ☐ **No**
7	Are you pregnant?	☐ **Yes** ☐ **No**
8	Have you had a cosmetic treatment in the last 2 weeks (peel, laser, waxing, IPL) or a fresh tattoo?	☐ **Yes** ☐ **No**
9	Have you used a sunbed anywhere in the last 48 hours? If yes, where and when:	☐ **Yes** ☐ **No**

Any **Yes** to questions 1 or 2, or skin type I: do not offer a session. Any other **Yes**: talk it through with the client, and refuse or advise them to check with their GP or pharmacist first. Record refusals on your refusals log.

5. Information given (staff tick)

☐ Health risks of sunbed use explained ☐ Eye protection provided and explained ☐ How to use the bed and stop it explained

☐ Wales, Scotland, Northern Ireland: prescribed health information given ☐ Session length agreed using the manufacturer's exposure table

6. Client declaration

I confirm I am 18 or over and my answers are true. I understand the health risks of using a sunbed, including an increased risk of skin cancer, and I will wear eye protection. I will tell the salon if my health, medication or answers change, and I will not use a sunbed elsewhere within 48 hours of a session.

Client signature _____ Date _____

Staff name _____ Staff signature _____