Skin Type Evaluation Record

Date: _____   Phone: _____

Name: _____

Address: _____

City: _____   State: _____   Zip: _____

Email Address: _____

Skin Type Score	Skin Type Number
0-7	1 (You may not tan)
8-16	2
17-25	3
25-30	4
Over 30	5-6

Score	0	1	2	3	4	Score
GENETIC PREDISPOSITION						
What is the color of your eyes?	Light Blue, Grey or Green	Blue, Grey or Green	Blue	Dark Brown	Brownish Black	
What is the natural color of your hair?	Sandy/Red	Blonde	Chestnut/Dark Brown	Dark Brown	Black	
In your unexposed areas, what is the color of your skin?	Reddish	Very Pale	Pale with Beige Tint	Light Brown	Dark Brown	
What amount of freckles do you have on your unexposed areas?	Many	Several	Few	Incidental	None	

TOTAL: _____

Reaction to Sun Exposure						
What happens when you stay in the sun too long?	Painful Redness, Blistering, Peeling	Blistering followed by peeling	Burn sometimes followed by peeling	Rarely Burns	Never Burns	
To what degree do you turn brown?	Hardly or Not At All	Light Color Tan	Reasonable Tan	Tan Very Easily	Turn Dark Brown Quickly	
How does your face react to the sun?	Very Sensitive	Sensitive	Normal	Very Resistant	Never Had a Problem	
How often do you turn brown within several hours after sun exposure?	Never	Seldom	Sometimes	Often	Always	

TOTAL: _____

Tanning Habits						
When did you last expose your body to the sun?	More than 3 months ago	2-3 months ago	1-2 months ago	Less than a month ago	Less than 2 weeks ago	
When tanning, how often do you expose your entire body?	Never	Hardly ever	Sometimes	Often	Always	

TOTAL:_____

Skin Type Total: _____

THIS RECORD MUST BE KEPT ON FILE IN THE SALON FOR EACH TANNING CUSTOMER