

**HOUSE**

**AMENDMENT NO. \_\_\_\_\_**

**Offered by**

**of**

AMEND House Bill No. 47, Page 1, Section 577.665, Lines 13 to 21,  
by deleting all of said lines and inserting in lieu thereof the  
following:

"3. The department of health and senior services shall  
require the use of the following standard form to be used by all  
tanning facilities operated in this state:

DL# \_\_\_\_\_ STATE \_\_\_\_\_  
TANNING CONSULTANT \_\_\_\_\_  
LOCATION \_\_\_\_\_

New  Renewal  Replacement  Transfer  
CUSTOMER # \_\_\_\_\_

LOCATION: \_\_\_\_\_

EMPLOYEE/DATE: \_\_\_\_\_

**Consent & Waiver Form**

Please Print:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Birthdate: \_\_/\_\_/\_\_ DL#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Fill out this questionnaire to accurately determine your skin type. Circle the correct response and add up the points on the right.

	(0)	(1)	(2)	(3)	(4)	Points
1. What is the color of your eyes?	Lt. blue, gray, or green	Blue, gray, or green	Blue	Dark brown	Brownish black	=
2. What is the color of your hair?	Sandy red	Blond	Dark blond	Dark brown	Black	=
3. What is the color of your untanned skin?	Reddish	Very Pale	Pale with beige tint	Light brown	Dark brown	=
4. Are there freckles on your untanned skin?	Many	Several	Few	Incidental	None	=
5. What happens when you stay in the sun too long?	Painful redness: peeling/blistering	Burns regularly with peeling	Burns sometimes with peeling	Burns rarely	Never burns	=

**Action Taken** \_\_\_\_\_ **Date** \_\_\_\_\_

6. To what degree do you turn brown?	Hardly or not at all brown	Tans a little	Tans reasonably	Tans very easily	Quickly turns brown =
7. Do you turn brown soon after tanning?	Never	Seldom	Sometimes	Often	Always =
8. How does your face react with the sun?	Very Sensitive	Sensitive	Normal	Very resistant	Never a problem =
9. When tanning, do you try to tan your whole body?	Never	Hardly ever	Sometimes	Often	Always =
10. When did you last tan (even under a sunlamp)?	More than 3 months ago	2-3 months ago	1-2 months ago	Less than a month ago	Less than 16 days ago =

Total Score	Skin Type	Skin Sensitivity	YOUR TOTAL =
0-7	I	Always burns, never tans	
8-16	II	Always burns, sometimes tans	
17-25	III	Sometimes burns, always tans	
>25	IV	Never burns, tans readily	

Please be advised that:

- (1) If under the age of 17, (Tanning Salon Name) requires that your parent or legal guardian read and sign a consent form before you can tan.
- (2) Failure to use eye protection may result in permanent damage to the eyes.
- (3) Overexposure to ultraviolet light causes burns.
- (4) Repeated exposure may result in premature aging of the skin and/or skin cancer.
- (5) Abnormal skin sensitivity or burning may be caused by a reaction of UV light to certain foods, cosmetics, or medications including:
  - (a) tranquilizers; (b) diuretics; (c) antibiotics; (d) high blood pressure medicines; (e) birth control pills. \*Any person taking a prescription or over-the-counter drug should consult a physician before using a tanning device.
- (6) Pregnant women should consult a physician before using a tanning device.
- (7) (Tanning Salon Name) and their employees shall not be held liable for the loss or theft of any personal property.

I agree to use protective eyewear in accordance with FDA regulations. YES, I \_\_\_\_\_ have read and understand the warning.

Customer Signature: X \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

FOR PARENT OR LEGAL GUARDIAN APPROVAL:

As a parent or legal guardian of a minor, I have read and understand the warning given by the facility. I consent to

1 the minor's use of a tanning device, and agree that the minor will use the protective eyewear.  
2 Parent Signature: X \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
3 Please remember that proper eyewear is required for all tanning."; and  
4  
5 Further amend said title, enacting clause and  
6 intersectional references accordingly.