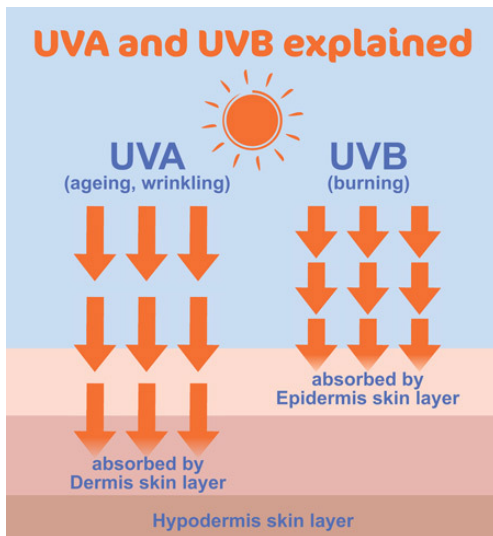


Weber-Morgan Health Department
477 23rd Street
Ogden, UT. 84403
801-399-7160

HEALTH RISK WARNING NOTICE FOR TANNING

EACH CONSUMER MUST SIGN A CONSENT FORM ANNUALLY STATING THIS INFORMATION HAS BEEN READ AND UNDERSTOOD.

UVA vs. UVB Radiation



UVA is the dominant tanning ray, and we now know that tanning, whether outdoors or in a salon, causes cumulative damage over time. A tan results from injury to the skin's DNA; the skin darkens in an imperfect attempt to prevent further DNA damage. These imperfections, or mutations, can lead to skin cancer.

UVB, the chief cause of skin reddening and sunburn, tends to damage the skin's more superficial epidermal layers. It plays a key role in the development of skin cancer and a contributory role in tanning and photoaging.

Potential Health Effects Related to UV Exposure

- Increased risk of skin cancer and increased risk for people with health problems who sunburn easily, have a family history of melanoma, or often get cold sores.
- UV radiation may have adverse effects on some viral conditions or medical conditions, such as lupus.
- UV radiation may cause cold sores to appear more frequently due to immune system suppression.
- Repeated exposure to ultraviolet radiation may cause premature aging and chronic skin damage characterized by wrinkling, dryness, fragility and bruising of the skin.
- Certain medications or cosmetics may increase your sensitivity to ultraviolet radiation. Check with your doctor or pharmacist. Consult a physician before using a tanning device if you are using medications, have a history of skin problems, or believe you are especially sensitive to sunlight.
- Women who are pregnant or using oral contraceptives are advised not to use tanning equipment. Tanning during pregnancy should only be done under the guidance of a physician.

If you use indoor tanning equipment, follow these steps to reduce the dangers of UV exposure.

- Be sure to wear the goggles provided, making sure they fit snugly and are not cracked. Failure to use protective eye-wear may result in severe burns and long-term injury to the eyes, including possible blindness. Closing eyes is not sufficient protection.
- Start slowly and use short exposure times to build up a tan over time.
- Don't use the maximum exposure time the first time you tan because you could get burned, and burns are thought to be related to melanoma.
- Follow manufacturer-recommended exposure times for your skin type. Check the label for exposure times.
- Stick to your time limit. Avoid too frequent or lengthy exposure.
- After a tan is developed, tan no more than once a week. Depending on your skin type, you may even be able to maintain your tan with one exposure every 2-3 weeks.

- Space tanning sessions at least 48 hours apart, Because sunburn takes 6 to 48 hours to develop, you may not realize your skin is burned until it is too late.

The Fitzpatrick Skin-Type Chart

You can use this skin-type chart for self-assessment, by adding up the score for each of the questions you've answered. At the end there is a scale providing a range for each of the six skin-type categories. Following the scale is an explanation of each of the skin types. You can quickly and easily determine which skin type you are.

Genetic Disposition

Score	0	1	2	3	4
What is the color of your eyes?	Light blue, Grey, Green	Blue, Grey or Green	Blue	Dark Brown	Brownish Black
What is the natural color of your hair?	Sandy Red	Blond	Chestnut/Dark Blond	Dark Brown	Black
What is the color of your untanned skin	Reddish	Very Pale	Pale with Beige tint	Light Brown	Dark Brown
Do you have freckles on unexposed areas?	Many	Several	Few	Incidental	none

Total score for Genetic Disposition: _____

Reaction to Sun Exposure

Score	0	1	2	3	4
What happens when you stay in the sun too long?	Painful redness, blistering, peeling	Blistering followed by peeling	Burns sometimes followed by peeling	Rare burns	Never had burns
To What degree do you turn brown?	Hardly or not at all	Light colour tan	Reasonable tan	Tan very easy	Turn dark brown quickly
Do you turn brown within several hours after sun exposure?	Never	Seldom	Sometimes	Often	Always
How does your face react to the sun?	Very sensitive	Sensitive	Normal	Very resistant	Never had a problem

Total score for Reaction to Sun Exposure: _____

Tanning Habits

Score	0	1	2	3	4
When did you last expose your body to sun (or artificial sunlamp/tanning cream)?	More than 3 months ago	2-3 months ago	1-2 months ago	Less than a month ago	Less than 2 weeks ago
Did you expose the area to be treated to the sun?	Never	Hardly ever	Sometimes	Often	Always

Total score for Tanning Habits: _____

Add up the total scores for each of the three sections for your Skin Type Score.

Skin Type Score - Fitzpatrick Skin Type

0-7	I
8-16	II
17-25	III
25-30	IV
over 30	V -VI

TYPE 1: Highly sensitive, always burns, never tans. Example: Red hair with freckles

TYPE 2: Very sun sensitive, burns easily, tans minimally. Example: Fair skinned, fair haired Caucasians

TYPE 3: Sun sensitive skin, sometimes burns, slowly tans to light brown. Example: Darker Caucasians.

TYPE 4: Minimally sun sensitive, burns minimally, always tans to moderate brown. Example: Mediterranean type Caucasians.

TYPE 5: Sun insensitive skin, rarely burns, tans well. Example: Some Hispanics, some Blacks

TYPE 6: Sun insensitive, never burns, deeply pigmented. Example: Darker Blacks.

POTENTIAL PHOTSENSITIZING AGENTS

1. Not all individuals who use or take these agents will experience a photosensitive reaction or the same degree of photosensitive reaction. An individual who experiences a reaction on one occasion will not necessarily experience it again or every time.

2. Names of agents should be considered only as examples. They do not represent all the names under which a product may be sold.

3. If you are using an agent in any of these classes, you should reduce UV exposure even if your particular medication is not listed.

Acne treatment (Retinoic acid, Retin-A) Psoralens (5-Methoxypsoralen, 8-Methoxypsoralen, 4,5,8-trimethyl-psoralen)

Antibacterials (Deodorant bar soaps, antiseptics, cosmetics, halogenated carbanilides, halogenated phenols, halogenated salicylanilides, bithionol, chlorhexidine, hexachlorophene)

Antibiotics, anti-infectives (Tetracyclines)

Anticonvulsants (carbamazepine, trimethadione, promethazine)

Antidepressants (amitriptyline, Desipramine, Imipramine, Nortriptyline, Protriptyline), Tranquilizers, anti-emetics (Phenothiazines)

Antidiabetics (glucose-lowering agents) (sulfonylureas, oral antidiabetics, hypoglycemics)

Antihistamines (diphenhydramine, promethazine, triprolidine, chlorpheniramine)

Anti-inflammatory (piroxicam), Non-steroidal anti-inflammatory drugs (Ibuprofen, Naproxen, Piroxicam)

Antimicrobials (griseofulvin), Sulfonamides ("Sulfa drugs," antimicrobials, anti-infectives)

Atropine-like drugs (anticholinergics, antiparkinsonism drugs, antispasmodics, synthetic muscle relaxants)

Coal tar and derivatives (Denorex, Tegrin, petroleum products used for psoriasis and chronic eczema and in shampoos)

Contraceptives, oral and estrogens (birth control pills, estrogens, progesterones)

Cough medicine containing chlorpheniramine

Dyes (used in cosmetic ingredients, acridine, anthracene, eosin (lipstick), erythrosine, fluorescein, methyl violet, methylene blue, rose bengal)

Perfumes and toilet articles (musk ambrette, oil of bergamot, oil of cedar, oil of citron, oil of lavender, oil of lemon, oil of lime, oil of rosemary, oil of sandalwood)

Thiazide diuretics ("waterpills")

For more information regarding the health risks of tanning see the FDA website: <http://www.fda.gov/Radiation-EmittingProducts/RadiationEmittingProductsandProcedures/Tanning/default.htm> or contact your local health department.