



# Ohio State Board of Cosmetology 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 |
|--|---------------------------|---------------------|----------------------|-------------|----------------|-------|
| <b>GENETIC PREDISPOSITION</b>                                |                           |                     |                      |             |                |       |
| 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**