FLORIDA SUNCARE TESTING, INC.

TEST SUBJECT EVALUATION QUESTIONNAIRE

(STRICTLY CONFIDENTIAL)

Name _____ Age _____ Phone # _____

Referred by _____ Evaluation _____ Scheduled _____

GENDER: MALE ☐ FEMALE ☐

Pease check your answer to the following questions:

		YES	NO
1	Are you 18 years of age or older ?	☐	☐
2	Are you currently pregnant or breat feeding?	☐	☐
3	Are you taking, or have you taken any medications within the las 30 days that would cause you to be sensitive to sunlight?	☐	☐
4	Have you had any recent sun exposure on your back (shoulders to your waist)within the last month?	☐	☐
5	Do you have any history of skin conditions / blood diseases to include: Skin Cancer, Hepatitis, Psoriasis, Eczema, Dermatitis, Body Fungus, HIV?	☐	☐
6	Have you ever had an adverse reaction to any sunscreens, drugs, or topically applied cosmetics?	☐	☐
7	Have you ever had an adverse reaction to bromine or chlorine ? For example any skin irritation or rash after swimming in a pool or being in a jacuzzi (whirlpool)?	☐	☐
8	Do you have the ability to enter/exit an above ground jacuzzi/whirlpool without assistance?	☐	☐
9	Do you have swim trunks (Males) or a bathing suit (Females) that would allow access to your back, from the shouldrer blades to your waist?	☐	☐
10	Do you have the ability to lay face down for an extended period of time (up to two hours).	☐	☐
11	Are you crurrently participating in any other paid Clinical Study?	☐	☐
12	Do you have your own transportation?	☐	☐
13	Skin Type the best describes you : Very Fair ☐ Minimal Tan ☐ Moderate Tan ☐		

SIGNATURE : _____ DATE _____

EVALUATED BY : _____ DATE _____

TEST (CIRCLE): FDA / ISO/ UVA MEDu / ITA # _____

Comments :