

**Public Health (Sunbeds) (Health Information) Regulations 2015**

**HEALTH INFORMATION FORM A<sup>1</sup>**

**This form must be signed and completed each time by the person proposing to use, hire or purchase a sunbed**

I confirm that I have been provided with a copy of the prescribed information and have had an opportunity to read and consider that information.

| Signed: | Name in block capitals: | Date: |
|---------|-------------------------|-------|
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<sup>1</sup> This form can be used for multiple visits by an individual patron or by multiple patrons over a period of time.”

**Public Health (Sunbeds) (Health Information) Regulations 2015**

**HEALTH INFORMATION FORM B<sup>2</sup>**

**This form must be signed or marked each time by the person proposing to use, hire or purchase a sunbed, and each time must be completed by the owner, manager or employee of the sunbed business in whose presence the signature or mark of such person is made**

I confirm that I have been provided with a copy of the prescribed information, have had that information read to me by the owner, manager or employee of the sunbed business and have had an opportunity to consider it.

|  |                         |       |
|--|-------------------------|-------|
| Signature or mark of person proposing to use, hire or purchase a sunbed: | Name in block capitals: | Date: |
|  |                         |       |
| Signature of owner, manager or employee:                                 | Name in block capitals: | Date: |
|  |                         |       |

|  |                         |       |
|--|-------------------------|-------|
| Signature or mark of person proposing to use, hire or purchase a sunbed: | Name in block capitals: | Date: |
|  |                         |       |
| Signature of owner, manager or employee:                                 | Name in block capitals: | Date: |
|  |                         |       |

|  |                         |       |
|--|-------------------------|-------|
| Signature or mark of person proposing to use, hire or purchase a sunbed: | Name in block capitals: | Date: |
|  |                         |       |
| Signature of owner, manager or employee:                                 | Name in block capitals: | Date: |
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<sup>2</sup> This form can be used for multiple visits by an individual patron or by multiple patrons over a period of time.”