



TEST PANEL APPLICATION FORM

PERSONAL DETAILS:

SURNAME: FORENAMES:.....
 ADDRESS:

 TELEPHONE: Home/Work/Mobile (please indicate)
 Other contact telephone numbers:
 DATE OF BIRTH: SEX: Male/Female
 MARITAL STATUS: Number of Children:.....
 OCCUPATION:
 HEIGHT (cm):WEIGHT (Kg):.....
 G.P.'s NAME: G.P.'s TEL:
 G.P.'s ADDRESS:

SKIN TYPE:

What happens to your skin when you expose it to the sun **without** using a protective sun cream?

Always burns never tans	<input type="checkbox"/>
Always burns sometimes tans	<input type="checkbox"/>
Sometimes burns always tans	<input type="checkbox"/>
Never burns always tans	<input type="checkbox"/>
None of these	<input type="checkbox"/>

MEDICATION:

Are you currently taking any tablets, pills or medicines on a regular basis? Yes No

If yes, please give details:

MEDICINE	REASON FOR TAKING MEDICINE

SKIN DISEASE AND ALLERGIES:

Have you suffered or are you suffering from any skin disease such as psoriasis, eczema? If yes please give details. Do you have a history of allergies? Please provide details of any allergies suffered.

I wish to apply to join the Test Panel of Cutest and agree to undergo a medical examination of my skin and answer questions about my general health. I also agree to Cutest keeping personal information about me on file for up to 5 years according to the requirements of Good Clinical Practice. I understand that Cutest will regard my details as confidential at all times.

SIGNED **DATE**

CMO comment:

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Approved? Yes/No

Signed..... Date.....