



**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: .....  
.....  
.....

Approved? Yes/No

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