

Name: _____
 SUNsational Protection Lab Target

Childhood UV Exposure (Before Age 20)

Name	Observations: Record observations about a) Latitude (Location), b) Peak Time (10am-3 pm), c) Off-Peak Time, d) Reflectivity (Snow Sand, Dirt and Grass),	L A T I T U D E	P E A K T I M E	O F F P E A K T I M E	R E F L E C T I V I T Y	Total Childhood Exposure
Jose						
Carla						
Tanya						
Leon						
Bao						
Alex						
_____ (your name)						

6. **Copy the numbers** from the “Total Childhood Exposure” column into the “Skin Cancer Risk” and “Cataract Risk” tables below.

Skin Cancer Risk

Name	Total Childhood Exposure	Frequent Sunburns (+2 points)	Family History (Person or relatives have symptoms = 1-4 points; depending on closeness of relative and type of symptoms)	Skin Color (5=Fair skin, freckles; 1=darker skin)	Total Risk
Jose					
Carla					
Tanya					
Leon					
Bao					
Alex					
<u> </u> (your name)					

Cataract Risk

Name	Total Childhood Exposure	Family History (Person or relatives have symptoms = 1-4 points; depending on closeness of relative and type of symptoms)	Skin Color	Total Risk
Jose				
Carla				
Tanya				
Leon				
Bao				
Alex				
<u> </u> (your name)				

