

# FREE SKIN CANCER CHECKS

JUNE 6, 2026

UNIVERSITY OF RICHMOND  
ROBINS CENTER FLOOR

ATHLETES,  
VOLUNTEERS AND  
FAMILY MEMBERS  
ARE WELCOME TO  
TAKE ADVANTAGE  
OF THIS FREE  
SCREENING

10 AM TO 5 PM



SPECIAL OLYMPICS  
**SUMMER GAMES**

VIRGINIA 2026

**A BETTER YOU** STEPS TO PREVENT  
**Skin Cancer**

"Utah has the highest incidence of melanoma skin cancer in the country," says **Glen Bowen, M.D.**, a skin cancer specialist at University of Utah Health Care's Huntsman Cancer Institute. Take these steps to help prevent it:

- AVOID PEAK HOURS**  
Stay indoors or seek shade between 10 a.m. and 4 p.m., when sun's rays are most intense.
- COVER UP**  
Wear protective clothing: long sleeves, pants, a broad-brimmed hat and sunglasses.
- USE SUNSCREEN**  
Apply 1 ounce of SPF 30 or higher broad-spectrum sunscreen to your body 30 minutes before sun exposure. Reapply every two hours or after swimming or sweating.

The earlier skin cancer is found, the better the outcome. "Examine your skin monthly," Bowen says. "Check moles and freckles to find the 'ugly duckling,' the mole or freckle that doesn't look like the others. Use the ABCDE warning signs as a guide, and discuss concerns with your doctor."

- A** **ASYMMETRY:** Is one half unlike the other?
- B** **BORDER:** Are the borders jagged or notched?
- C** **COLOR:** Is it extra dark, several colors or changing color?
- D** **DIAMETER:** Is it larger than a pencil eraser?
- E** **EVOLUTION:** Has it changed in color or shape over time?

**SPOT Skin Cancer™ SCREENING REGISTRATION AND REPORT FORM.**



**PLEASE COMPLETE THIS SECTION**

Screening State: \_\_\_\_\_ Screening Zip Code: \_\_\_\_\_ Screening Date: \_\_\_\_\_

**American Academy of Dermatology**  
 9500 W. Bryn Mawr Avenue, Suite 500  
 Rosemont, IL 60018

Use of these forms does not imply product or service endorsement by the American Academy of Dermatology.

Location of Skin Cancer Screening?  Mall  Private Office  Clinic/Hospital  Health Fair  Outdoor Event (i.e., beach, state fair, etc.)  Other: \_\_\_\_\_

**PATIENT TO COMPLETE**

**THE AMERICAN ACADEMY OF DERMATOLOGY WILL NEVER SHARE OR SELL YOUR INFORMATION. THE DATA IS USED FOR CUMULATIVE TRACKING PURPOSES ONLY.**

Name: \_\_\_\_\_ Date of Birth: 

M	D	Y

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Home or Cell: ( ) \_\_\_\_\_ Sex:  Male  Female

Are you?  White  Black  Hispanic  Asian  Mixed race  Other \_\_\_\_\_

Education completed:  Elementary  College  
 High school  Graduate school/more

Have you ever had skin cancer?  Yes  No

If yes, was it?  Melanoma  Squamous Cell Carcinoma  
 Basal Cell Carcinoma  Unsure

Do you have any new moles or moles that have changed recently in size, color, or shape?  Yes  No

Have you even been to a skin cancer screening before?  Yes  No

Do you have a regular dermatologist?  Yes  No

I came to the screening today because (check all that apply):  
 No insurance  No dermatologist  Family history of skin cancer  
 Cannot afford  I have a spot I am concerned about

Do you use sunscreen?  Always  Sometimes  Rarely  Never

Do you wear sun-protective clothing?  Always  Sometimes  Rarely  Never

How many painful and blistering (for 2 or more days) sunburns did you have prior to age 20?  0  1-3  4-6  7-9  10+

Approximately how many hours do you spend in the sun per week for work and recreation on average throughout the year?  
 0  less than 1 hour  1-3  4-10  11-20  21-30  30+

Does your skin tend to burn with sun exposure?  
 Always/very sun sensitive  Sometimes  Rarely/Never

Have you ever used indoor tanning?  Yes\*  No \*If yes, answer next 2 questions:  
 At what age did you begin using indoor tanning?  
 0-18  19-29  30-39  40-49  50+

Approximately how many times over your lifetime have you used indoor tanning equipment?  
 1-4  5-10  11-20  21-30  30+

If you are found to have a presumptive diagnosis, by checking this box you are giving the Academy or its representatives permission to contact you and confirm diagnosis.  
 Information contained in email messages may be privileged and confidential. There is some risk that any information that may be contained in such email may be disclosed to, or intercepted by, unauthorized third parties. Your use of email to receive communication from us indicates that you acknowledge and accept the possible risks associated with such communication.  
 Yes  No Email: \_\_\_\_\_

**GENERAL RELEASE FORM: PATIENT READ AND SIGN BELOW.**

This screening is voluntary and free of charge. I understand that the examination results will be given to me with recommendations and that I am responsible for any costs involved in following these recommendations.

I understand that this is a rapid screening and is not a complete examination for skin cancer. I understand that this screening examination does not create a physician-patient relationship and is not as complete as, or a substitute for, a full skin examination by my own physician.

I understand that I am responsible for my own health. The responsibility for any follow-up examinations to check abnormalities found during this SPOT Skin Cancer™ screening examination lies solely with me and not with any participating organization, physician or other health care volunteer.

I hereby release the screening physician, all other health care volunteers and the sponsoring agencies of the SPOT Skin Cancer™ screening program from all responsibility in connection with this screening examination.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Patient, Parent/Guardian of minor patient, or patient's personal representative)

**PATIENT AUTHORIZATION FOR USE AND DISCLOSURE OF PATIENT HEALTH INFORMATION: PATIENT READ AND SIGN BELOW.**

I understand that although the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") privacy and security rules do not apply to the American Academy of Dermatology, the American Academy of Dermatology takes steps to protect the privacy of my information as can be found in its Statement of Privacy found at [SpotSkinCancer.org/Privacy](http://SpotSkinCancer.org/Privacy). I hereby authorize the disclosure of my health information that is created during or as a result of my examination today at the SPOT Skin Cancer™ screening to the American Academy of Dermatology for its research and data analytics purposes. These purposes will include, but may not be limited to, analyzing my health information with health information from other patients to determine the prevalence of certain types of skin cancers and other skin diseases in certain types of people.

I understand that I may cancel this authorization at any time with a written request submitted to the physician or physicians examining me today (named below), but that such a cancellation will have no effect on actions taken in reliance on this authorization prior to that time. Unless I cancel it in writing sooner, this authorization will expire in 12 months unless a different expiration period is required by state; provided that any data collected prior to such expiration will still be covered by this authorization.

I understand that my signing or refusing to sign this authorization will have no effect on my receiving an examination today. I also understand that this authorization may not protect or prevent further disclosures of my health information by the American Academy of Dermatology or its members, staff, volunteers, or other agents.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Patient, Parent/Guardian of minor patient, or patient's personal representative)

If you are not the patient, please describe your authority to act for the patient: \_\_\_\_\_

**SCREENING EXAMINER: PLEASE COMPLETE ADDRESS AND SIGN FORM**

**EXAMINATION**

A full body screen is recommended, if possible.  
 (except double-covered areas)

Complete (except undergarments)

Face & Arms  Specific lesion  Above waist

How many nevi are on the patient's arms, elbow to shoulder (both arms)?  0  1-5  6-10  11+

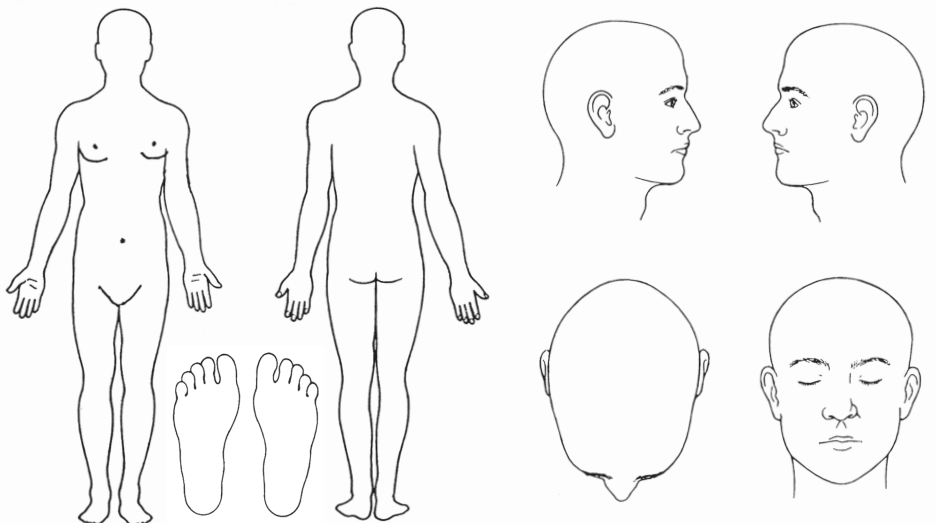
**PRESUMPTIVE DIAGNOSIS**

- |  |  |
|--|--|
| 1 <input type="checkbox"/> Seborrheic keratosis (SK)     | 5 <input type="checkbox"/> Dysplastic nevus        |
| 2 <input type="checkbox"/> Actinic keratosis (AK)        | 6 <input type="checkbox"/> Congenital nevus        |
| 3 <input type="checkbox"/> Basal cell carcinoma (BCC)    | 7 <input type="checkbox"/> Melanoma                |
| 4 <input type="checkbox"/> Squamous cell carcinoma (SCC) | 8 <input type="checkbox"/> Mole/nevus              |
| 10 <input type="checkbox"/> Other: _____                 | 9 <input type="checkbox"/> No significant findings |
| 11 <input type="checkbox"/> Other: _____                 |  |

**RECOMMENDATIONS** (Leave blank if no)

Biopsy recommended?  Yes  No  
 Referred?  Yes  No

Mark body map using numbers which correspond to diagnosis.



I understand that I may have a possible cancerous or precancerous condition that requires a follow-up examination. I also understand that it is my responsibility to arrange for a follow-up examination with a dermatologist of my choice, and that any follow-up examination or treatment that I may receive is not sponsored, endorsed, or guaranteed by the American Academy of Dermatology.

Patient's initials \_\_\_\_\_

Screening Examiner's Name: \_\_\_\_\_ M.D., D.O. \_\_\_\_\_  
 (Please print) (Signature)

(Address) 7813 Shrader Road (City) Henrico (State) Virginia (Zip) 23294

**IF A PATIENT REFUSES TO SIGN THE PHI AUTHORIZATION FORM, NO DATA ON THAT PATIENT SHOULD BE SUBMITTED TO THE AMERICAN ACADEMY OF DERMATOLOGY.**

TRIPLICATE FORM: WHITE COPY - TO SCREENER; PINK COPY - TO THE AAD; YELLOW COPY - TO THE PATIENT