



Request for Participation in Health Fairs and Community Events

Requests must be made 6-8 weeks in advance

Agency/Organization Name: _____

Contact person: _____ Phone: _____

Fax: _____ Email: _____

Address/location of event: _____

Major cross streets: _____ Parking info: _____

Person to report to at event: _____ On-site phone/cell: _____

No. of people expected: _____ Age group: _____

Event date/time: _____

Items provided: _____ Table(s) _____ Chair(s) _____ Canopy _____ Other: _____

Requested screenings:

- | | | |
|---|---|--|
| <input type="checkbox"/> Cholesterol | <input type="checkbox"/> Dental | <input type="checkbox"/> BSE demonstration |
| <input type="checkbox"/> Glucose | <input type="checkbox"/> Rehabilitation—posture | <input type="checkbox"/> Hearing |
| <input type="checkbox"/> Blood Pressure | <input type="checkbox"/> Asthma—inhaler use | <input type="checkbox"/> PSA |
| <input type="checkbox"/> Foot Screening | <input type="checkbox"/> Weight (ideal body weight) | <input type="checkbox"/> Other: _____ |

Requested speaker/topic: _____

Requested services: _____

Other information: _____

For internal Use:

Received on: _____ By: _____

Approved: _____ Denied: _____