Health Screening Event Request Form

Please complete the top portion of this form and fax to 202-628-2613. For questions regarding health screenings, contact Jamie Becker at 202-628-5465. Thank you!

Date: ______________ Time: ______________

Event: ____________________________ Sponsor: ____________________________

Location: ____________________________ Contact Person: ____________________________

# People: _________ Kids Y ___ N___

Services Requested: (please circle)

Blood Pressure  Glucose  Cholesterol

Equipment Only

Other: ____________________________

Will the nurse(s) need a ticket for admission to the event or parking?
Yes ___ No ___

Is there a map of the event location or any additional information for the nurse(s)?
Yes ___ No ___

How far is the parking from the location where the nurse(s) will be working? ______________

Day of Event Contact Person:

Phone: ____________________________

Cell Phone: ____________________________

Closest Airport: ____________________________

Recommended Hotel: ____________________________

Hotel phone number: ____________________________

For LHSFNA Office Use Only:

Confirmation Letter ________ Equipment Shipped ________
Nurse Cover Letter ________ Emailed Mark ________

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<th>Agreement</th>
<th>Travel Info/Form</th>
<th>Payment</th>
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Event Materials/Equipment:

Equipment Needed:

- Accu-Chek Monitors
- Boxes of gloves/size
- All other supplies

Ship equipment to:

Materials/Publications:

- Screening Cards
- All other publications

Email to MD

Ship materials to:

NOTES