HEALTH FAIR REQUEST FORM
SIDNEY-SHELBY COUNTY HEALTH DEPARTMENT

Company Name ____________________________________ Company Phone ______________________
Company Address ________________________________ Contact Person ________________________
Location of Event at the Facility ____________________________
Date of Event __ / __ / ________ Hours of Event ________ to _________ Setup Time __________
Planned/Anticipated Number of Participants _________ Table Size ________________________
What percent of Shelby County residents are employed at your company/organization/agency? ________
Health Fair Location □ inside □ outside Company paying for services □ yes □ no
Electricity Available □ yes □ no Employee paying for services □ yes □ no
Signature of Applicant ______________________________ Date __________________

SERVICES REQUESTED (Please check)

Nursing Program/Services Available:
□ Bike Helmet Display/Sign up ($7.50 each helmet)
□ Blood Pressure
□ BMI (Body Mass Index)
□ Car Seat Safety
□ Dermascan ($3 each)
□ Immunizations (check if requested): information only!
□ Flu vaccine information
□ Hepatitis A information
□ Hepatitis B information
□ Pneumovax information
□ Meningitis information
□ Immunizations/International Travel Vaccines Info.
□ Infectious Disease Information. Ex: Hepatitis C

□ Current Hot Topics: Zika virus; Ebola virus; other __________________________

Environmental Programs Available:
Information Regarding:
□ Bedbugs
□ Bioterrorism/Emergency Preparedness
□ Plumbing
□ Camps/Manufactured Home Parks
□ Food Safety
□ Housing/Nuisance Conditions
□ Private Water Systems (Wells)
□ Rabies Investigations
□ Radon
□ School/Correctional Facilities
□ Sewage Treatment Systems
□ Solid & Infectious Waste
□ Swimming Pools/Spas
□ Tattoo/Body Piercing

WORK SCHEDULE: NURSING/ENVIRONMENTAL/CLERICAL

Event Date(s) Time Slots Employees Assigned/Scheduled

__________ ________ to _________ ___________________

__________ ________ to _________ ___________________

__________ ________ to _________ ___________________

Approval:
Nursing Director Signature ______________________________ Date __________
Environmental Director Signature ______________________________ Date __________
Health Commissioner Signature ______________________________ Date __________

Revised 8/2016