

SIDNEY-SHELBY COUNTY HEALTH DEPARTMENT HEALTH FAIR REQUEST FORM

Company Name _____ Company Phone _____

Company Address _____

Contact Person _____

Date of Event / / Hours of Event _____ to _____ Set up time _____

Planned/Anticipated Number of Participants _____

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 Programs/Services Available:

- Bike Helmet Display/Sign up (\$7.50 each helmet)
- Blood Cholesterol Screening (\$10 each)
- Blood Pressure
- Blood Sugar Screening (\$5 each)
- BMI (Body Mass Index)
- Car Seat Safety
- Dermascan (\$3 each)
- Immunizations (check if requested):
 - Flu (price of vaccine)
 - Hepatitis A (price of vaccine)
 - Hepatitis B (price of vaccine)
 - Pneumovax (price of vaccine)
 - Other (list) _____
- Immunizations/International Travel Vaccines Info.
- Poison Control Information

Environmental Programs Available:

Information Regarding:

- Bedbugs
- Bioterrorism/Emergency Preparedness
- Building/Plumbing
- Camps/Manufactured Home Parks
- Community Assessment
- 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 _____