

**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:

Environmental Programs Available:

- Bike Helmet Display/Sign up
- 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

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 Art

Current Hot Topics: Zika virus; Ebola virus; other _____

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 _____