



Health Screening Application

Organization /Church_____

Contact Person_____

Address_____

Phone Number () _____ Email _____

E-mail address for billing after event _____

Date and times of Event_____

Type of Event_____

Type of Screening Requested:

Cholesterol/Glucose with Van without Van (with table & 3 chairs)

Blood Pressure Body Fat % Grip Strength

Address and directions of event_____

Plan for Community promotion_____

Plan for follow up of interests_____

- There is a \$30 processing fee that must accompany the application. This cost will be refunded in the event that AWHN is not able to meet the request.