

Cleveland Department of Public Health Request for Participation Form

Event Name: Date: Start Time:

Event Description: End Time:

Event Location (exact address, including facility name if applicable):

Organization Sponsoring the Event:

Population to be served at this event: (Please check)

Children Teens Women General Population Men Other: _____

Neighborhood(s) to be served: Ward Number:

Number of people expected to attend :

Event contact person: Email Address:

Phone Number: Fax Number:

Types of screening services needed at this event (Check as needed):

Cholesterol Glucose HIV/AIDS Lead (children) Blood Pressure

(* Note we need an indoor location for lead, cholesterol, and glucose screenings)**

Health literature you want us to distribute (Check as needed): How many copies of each brochure/pamphlet/flier will you need?" _____

- Mental health/Substance Abuse HIV/AIDS Food Safety Air Quality Birth/Death Certificates
 Emergency Preparedness Communicable Diseases Smoking Diet Physical Activity
 General Chronic Disease Prevention/Health Promotion Lead Poison Prevention Maternal and Child Health
 General information about our Department

Other (please explain) _____

Is staff from our Department needed at your event or is it okay to deliver or make available the literature to you?

Need Staff Deliver WILL Pick-up

Do you require the use of our HealthMobile (mobile health unit)? HealthMobile can only be made available if you require lead, HIV/AIDS or other screening tests that require privacy and/or temperature control.

YES (Answer Questions below) NO (Skip to the end)

If YES, please explain why: _____

Is shore power (outside electricity) available? YES NO

Where would you recommend we park the HealthMobile for the event? _____

If the HealthMobile is not available, but you still want services, will you provide free space, including a table, and chairs, in an enclosed area where services can be provided? YES NO

Is there another agency that will be performing the same screenings that you are requesting of CDPH YES NO

If so, why do you need us to be there as well? _____

If we are not able to supply staff, would you be open to us referring this request to another community agency? YES NO

IMPORTANT

- Please submit your request as soon as possible.
- E-mail this form to swood@city.cleveland.oh.us. You can also fax it to (216) 664-2197
- If you have any questions, please call (216) 664-4361 or send us an e-mail.
- Requests are NOT guaranteed; Final Confirmation will be made at least one week prior to the event.
- THERE IS NO GUARANTEE of availability of services for any event.