



Community Health Services Request Form

The Community Health Services and Outreach Program appreciate your invitation to provide health services and information to the community. Please complete this form and fax it to **831-757-6480** "Attention Outreach". Send your request with a MINIMUM of TWO weeks prior to the date of the event. You will receive a message from our team to confirm our availability. Thank you.

Today's Date _____ Date of event _____ Time: _____ AM PM

Event address: _____

Event Location (e.g. cafeteria, classroom,) _____

Contact person: _____ Phone # _____

E-Mail address: _____

Services requested: Please select all that apply

____ Vision screenings

____ Blood Pressure screenings

____ Glucose screenings

____ Oral screenings

____ Health education session: Hypertension Diabetes Mental health Access to health services Oral Health Other _____

____ Other: _____

Expected number of participants: Children _____ Youth _____ Adults _____

NOTES: Please add any additional details about this event