

SAMA & Hartford Hospital Merchants Health Fair and Flu Shot Clinic
October 30, 2014

A day for Health Education and Disease Prevention

This form is to be filled out by SAMA employees only. It to be used for scheduling purposes and to ensure that the right health personnel are present to provide for the health needs of the merchants, their families and their employees.

Name _____ Owner _____ Family Member _____ Employee _____

Business: _____

Address _____

Cell Phone: _____ Business Phone: _____

Do you want to receive the Flu Shot? Yes No

Please indicate your preferred time in the morning for your cholesterol and Glucose screenings. Fasting

8:00 8:05 8:10 8:15 8:20 8:25 8:30 8:35 8:40 8:45
 8:50 8:55 9:00 9:05 9:10 9:15 9:20 9:25 9:30 9:35
 9:40 9:45 10:00 10:05 10:10 10:15 10:20 10:25 10:30 10:35
 10:40 10:45 10:50 10:55 11:00 11:05 11:15 11:15 11:20 11:25
 11:30 11:35 11:40 11:45 11:50 12:00

Please indicate your preferred time in the morning for your mammogram screening we will try to accommodate you preference time but is not guarantee:

8:00 8:15 8:30 8:45 9:00 9:15 9:30 9:45 10:00 10:15 10:45
 11:00 11:15 11:30 11:45

Please indicate your preferred time in the morning for your prostate screening we will try to accommodate you preference time but is not guarantee:

8:00 8:15 8:30 8:45 9:00 9:15 9:30 9:45 10:00 10:15 10:45
 11:00 11:15 11:30 11:45

Please indicate your preferred time in the morning for your vision screening we will try to accommodate you preference time but is not guarantee:

8:00 8:15 8:30 8:45 9:00 9:15 9:30 9:45 10:00 10:15 10:45
 11:00 11:15 11:30 11:45

Do you have health insurance? Yes No