



Date of Event: \_\_\_\_\_

## Health Promotion Outreach Request Form

**Instructions:** Please complete the information below and email to [healthnetoutreach@indyhealthnet.org](mailto:healthnetoutreach@indyhealthnet.org) or fax it to 317-957-2050. HealthNet will contact you directly to discuss our availability to participate in your event.

### Event Details

Event name:	
Location:	
Address:	
Event Times:	
Target Audience/Age Group:	
Expected # of Attendees:	
Contact Name:	
Contact Phone/Email:	

### Site Accommodations

Will a table and chairs be supplied?	
If the event is outdoor, will there be shade/water available?	
What time can vendors set up?	
Details for Vendor Parking:	

### Vaccination Request

Requested Vaccine	
Electrical outlet available:	
How many attendees will be children under the age of 18?	
How many are adults over age 19?	

### \*\*NEW: Mobile Unit (Upon Request)

To get the mobile unit to an event, we would need access to a 32ft space to get in/out which is about 5 parking spaces.

### Outreach Services (Please check 1 service below)

While we make the best effort to attend as many community events as we can, the high volume of requests may prevent us from attending all of them.

- |                                                                   |                                            |                                       |
|-------------------------------------------------------------------|--------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Blood Pressure Screening and Information | <input type="checkbox"/> BMI               | <input type="checkbox"/> HIV Testing  |
| <input type="checkbox"/> Interactive Games                        | <input type="checkbox"/> Blood Glucose     |                                       |
| <input type="checkbox"/> Dental                                   | <input type="checkbox"/> Tobacco Cessation | <input type="checkbox"/> Men's Health |
| <input type="checkbox"/> Nutrition                                | <input type="checkbox"/> Women's Health    | <input type="checkbox"/> Other _____  |
| <input type="checkbox"/> Physical Fitness                         | <input type="checkbox"/> Children's Health |                                       |