12TH ANNUAL HEALTH FAIR

HEALTH AND WELLNESS SERVICES AND ACTIVITIES CHECKLIST

Visitor's Name & Phone #_____

#	Services & Activities	Checklist	Invited Medical Specialists	Checklist	Name/Phone #
	Medical screening:		Allergy/Immunology		
	• Blood Pressure		Audiology		
	• Cholesterol/Diabetes		Cardiology		
	• Hearing		Dermatology		
	• Heart disease		Ear/Nose/Throat (Otolaryngology)		
	• Hepatitis B		Endocrinology		
	• Hepatitis C		Gastroenterology		
	• HIV/AIDS		Hematology/Oncology		
	• Lung disease				
	• Vision				
	Advanced Directive		Neurology		
	Bridges Lay Health Education Program		OB/Gyn		
	CARE Clinic/Social Worker/Community Health Workers		Orthopedics		
	DEXA (Bone density scanning		Pulmonary Medicine		
	Flu vaccines (all ages)		Urology		
	HERT (Hospital Emergency Response Team)				
	Oral Health Screening and Referral				
	Registered Dietician Counselling				
	Women's Health/SAFE (Sexual Assault Forensic Examination Program)				
	Medical Doctor Exam				
	Medicare Advantage Insurance Program				
	Mental Health Referral				

ASIAN AMERICAN CENTER OF FREDERICK
FREDERICK COMMUNITY HEALTH FAIR
REGISTRATION FORM

Primary attendee:

Registration #:

Last Name: _____ First Name: _____ MI: _____

Age: _____ Do you have health insurance? yes no

How do you describe yourself (circle all that apply):

female male gender nonconforming L G B T Q Veteran

Asian/Pacific Islander Black/African American Hispanic White/Caucasian Native American

Mixed race Other: _____

Primary Language: _____ Do you need an interpreter? yes no

Country of Birth: _____ Year first arrived in USA: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____ Circle your contact preference: Email Phone

Additional family members:

Registration #:

Last Name: _____ First Name: _____ MI: _____

Age: _____ Do you have health insurance? yes no

How do you describe yourself (circle all that apply):

female male gender nonconforming L G B T Q Veteran

Asian/Pacific Islander Black/African American Hispanic White/Caucasian Native American

Mixed race Other: _____

Primary Language: _____ Do you need an interpreter? yes no

Country of Birth: _____ Year first arrived in USA: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____ Circle your contact preference: Email Phone

ASIAN AMERICAN CENTER OF FREDERICK
FREDERICK COMMUNITY HEALTH FAIR
MEDICAL AND LIABILITY RELEASE AND CONFIDENTIALITY STATEMENT

Participation in the Frederick Community Health Fair may include health screenings, medical examinations and advice, vaccinations, blood collection for testing, and other educational and related services. The entity involved in this release is LIFE & Discovery, Inc., (L & D) and their successors, assignees, licensees, and sponsors.

Medical and liability releases include releases arising from any unforeseen illness, injury, disability, or death that might be incurred during participation in the Health Fair. Should a medical emergency arise, it further authorizes L&D to obtain necessary medical treatment for the patient without knowledge of and potential approval by the patient's insurance plan. The screening assessments/tests/results and other information provided by the Frederick Community Health Fair are not intended to be, and are not substitutes for, professional medical/dental advice. Always seek the advice of your physician, dentist, nurse, or other qualified health care provider before you undergo any treatment or for answers to any questions you may have regarding a medical condition. Nothing contained in the health information provided by the Frederick Community Health Fair is intended to be used for medical diagnosis or treatment without first consulting with your health provider.

Confidentiality of data relating to individual guests and visitors to the Frederick Community Health Fair, including your identity, is respected by the Frederick Community Health Fair. The Frederick Community Health Fair makes every effort, not only to honor, but to exceed the legal requirements of medical/health information privacy that applies to the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law 1404-191. Services are completely confidential. All records and screening results are kept strictly within the Frederick Community Health Fair Leadership Team and will not be released to anyone without your written permission. Data collected at the Health Fair, to include age, ethnicity, etc., and results from various tests, such as blood pressure, glucose, and cholesterol may be used to highlight health issues in the community. No names or personally identifiable information will be part of these articles or publications.

L & D produces **promotional materials** relating to its programs and, as a participant at the Frederick Community Health Fair, participants may be included in photographs, videotapes, podcasts, or video-casts taken during the event.

By signing below, I acknowledge that I have read and understand the nature of the Medical and Liability Release and Confidentiality Statement. I give the permission necessary to participate in the events offered at the Frederick Community Health Fair and I agree to release or waive any claims or losses that might arise out of or be related to any unforeseen illness or injury sustained during participation in this event. I understand that, as per HIPAA regulations, my name or personally identifiable information will be kept confidential. I further grant to L & D the right to photograph and/or videotape me and to use such materials in advertising and promoting future events without further approval.

Name	Signature	Date
Name	Signature	Date
Name	Signature	Date
Guardian's Name (If attendee is under 18 years of age)	Signature	Date