



**COUNTY OF SAN DIEGO**  
 HEALTH AND HUMAN SERVICES AGENCY  
 Public Health Laboratory  
 5570 Overland Avenue, Suite 103  
 San Diego, CA 92123  
 Phone: (619) 692-8500  
 Fax: (619) 692-8558



**Non-Diagnostic General Health Assessment Program  
 Event Cancellation or Change Notification Form**

Please complete this form to notify Public Health Laboratory of any changes in the event at least 24 hours in advance.

**Date:**

**Name of the person requesting change:**

**Date of Submission of Application:**

**Name of Organization:**

**Registration Number:**

**Registration Expiration Date:**

**Date (if) Permit Issued:**

**Original Date and Time of Event:**

**Original Location of the Event:**

The following changes have been made to the events:

- The event listed above is cancelled.
- Check this box if permit was not received by the operator.
- Change in Date (New Date):
- Change in Time (New Time):
- Change in Location (New Location):
- Change in Staff Personnel (List Name of New Staff):  
 Please complete the box below to indicate the staff members who have been replaced in the event.

Name of the staff removed from the event	Name of the staff added for the event	License expiration date of the new staff added for the event