

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 Permit Request Form of Organization or Operator

Please complete a separate form for each location where assessments are to be performed, at least 30 days prior to the event.

Name of Organization or Operator:

A. Location where assessments are to be performed:

Name of Location:

Address Line 1:

Address Line 2:

City:

State:

Zip:

Telephone during work hours:

Telephone after work hours:

B. Dates and hours program will be operating at this location:

<u>Date</u>	Start Time	End Time	Day of Week
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NOTE: ANY CHANGES IN TIMES, DATES OR LOCATION MUST BE REPORTED IN WRITING TO THE PUBLIC HEALTH LABORATORY AT LEAST 24 HOURS PRIOR TO THE OPERATION OF THE PROGRAM.

C. Types or kinds of non-diagnostic general health assessments being conducted at this location:

Total Cholesterol	High-Density Lipoproteins (HDL)
Low-Density Lipoprotein (LDL)	Triglycerides
Blood Glucose	Occult Blood
Other (specify):	

D. Type and manufacturer of testing equipment to be used at this location:

Nama	~f	Eaui	ipment
Name	UI.	Equi	pinent

Manufacturer

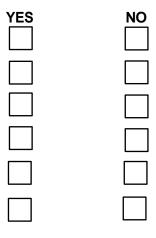
(Attach additional sheets if necessary)

E. List of Employees:

Please list all employees who will participate in the nondiagnostic testing at this location.

Name and Title

Authorized to perform skin puncture



(Attach additional sheets if necessary)

NOTE: Please attach documentation of authorization to perform skin puncture for each individual listed above who will perform this procedure, unless previously submitted.