Screening Event Request

Name of Event: ________________________________________________________________

Sponsoring Organization: _________________________________________________________

Address of Event: __________________________________________________________________________
________________________________________________________________________________________

Date(s) of Event: _________________________________________________________________________

Time of Event: ________________________________

Contact Person: _________________________________________________________________

Telephone: _________________________________

Email: _________________________________

Please check the appropriate box(s):

Location of Event: ☐ Indoors ☐ Mobile Health Unit (subject to availability)

Screenings Requested: ☐ Vision ☐ Preschool Children Vision ☐ Hearing ☐ Glaucoma

Expected Attendance at Event: ________________

Indoor Screening Requirements - Sponsoring organizations must provide the following for an indoor event:

1. Tables and Chairs
2. Access to electrical outlets
3. Separate room for hearing screenings (if hearing screening requested)

Please submit the completed form to: Healthscreening@LASHmaryland.org

or

LASH
Health Screening Unit
PO Box 821
Bel Air MD 21014-0821

Screening Request 2/2019