



HEALTH FAIR SCREENING FORM

Name (please print) _____

Address _____ Phone _____

City/State/Zip _____ Employer _____

Consent Health Fair/Other Event: I hereby consent to participation in the health screens, including at my request the drawing of a blood sample for the purpose of measuring my blood for requested lab tests. In consideration of having my blood drawn and/or undergoing any of the other screenings, I hereby release Mercy McCune-Brooks Hospital and any other persons or organization associated with this screening, their affiliates, directors, officers, employees, successors and any assigns from any and all liability arising from or with this blood drawing, and/or any of these screenings.

I understand:

1. The data derived from this health screening is to be considered preliminary only and DOES NOT constitute a medical diagnosis.
2. The responsibility of initiating a follow-up examination to confirm the results of this screening and obtain professional medical assistance is mine alone.
3. Risks include but are not limited to redness, bruising, and/or infection at the venipuncture site.

I certify that the procedure(s) and risks involved with such procedure(s) have been fully explained to me. I have read this release or have had it read to me, and I understand its contents.

By signing this form, I understand I am responsible for and agree to pay all of the following charges for service/ treatment that I receive.

I AGREE THAT I HAVE READ THE ABOVE, I AM THE PATIENT AND ACCEPT THE TERMS.

Signature: _____ Today's Date _____

<u>Results of Screening</u>	<u>Normal Ranges</u>	
Blood Pressure _____	<140/90	Height _____
Body Fat _____	Men: 12-20% Women 18-25%	Weight _____
O2 Saturation _____	93-100%	Heart Rate _____
Other _____		
<u>Pulmonary Spirometry</u> : FVC _____ % predicted >80%; FEV1 _____ % predicted >80%; PF _____		

<u>Labs</u>	
DOB _____ Male _____ Female _____	*Fasting: yes _____ no _____
*Lipid Panel: _____ *Metabolic Panel _____	Complete Blood Count (CBC) _____ THS (Thyroid) _____
HGB A1C (diabetes screen) _____	PSA (men only) _____
Complete panel _____	Complete panel with PSA _____
Occult Blood _____	

Amount paid: _____

Check # _____ Cash _____

Initials _____

*Indicates must be fasting 8-12 hours prior to tests
 * Must be drawn during health fair or within one week of health fair at MMBH Lab.