

Spring Health Fair 2023: Blood Panel Registration Form

Spring Health Fair 2023

Saturday, April 15, 9:00 a.m. to noon

The annual health fair is just one way we are working to be proactive and offer preventive health care screenings to our community. There are a variety of free health care screenings and services available, plus great health education.

Health Fair Blood Collection Dates/Time

April 3-8 and April 10-13, 7:00 AM – 6:00 PM (Fasting required for best results)

Take advantage of the blood draws at a significantly reduced price. All blood screening participants must be **18 years or older**. No blood draws will be performed at the Health Fair. All blood draws must be done prior to the health fair on April 3-8, 7 a.m. to 6 p.m. and April 10-13, 7 a.m. to 6 p.m. No appointment is necessary for the blood draws. Payment must be collected at the time of visit. You may pick up lab results at the health fair, and receive a free provider consultation, too. If you are unable to attend the health fair, your results will be mailed to you after April 17.

Health Fair Blood Panel Fees (Fasting required for best results)

	ТҮРЕ	DESCRIPTION	FEE	TOTAL		
O Health Fair Blood Panel		Includes Complete Blood Count (CBC), Comprehensive Metabolic				
		Profile (CMP), Lipid Panel (Cholesterol, Triglyceride, HDL and				
		Calculated LDL)				
Choose an individual test or add it to the Health Fair Blood Panel if not included						
0	Hemoglobin A1C	Diabetes Screening	\$15			
0	TSH Thyroid Screening	Measures the amount of thyroid stimulating hormone	\$20			
0	PSA Prostate Screening	Measures the level of prostate specific antigen	\$20			
0	Comprehensive Metabolic Profile*	Measures electrolytes, kidney function, glucose level, liver function	\$20			
0	Complete Blood Count (CBC)*	Measures many different parts and features of your blood	\$15			
0	Lipid Panel*	Includes cholesterol, triglyceride, HDL and calculated LDL	\$15			
GRAND TOTAL						

^{*} These individual tests are included in Health Fair Blood Panel

I recognize Roosevelt General Hospital, employees and volunteers assume no liability for my health. These tests are being taken of my own free will. I assume all responsibility and liability for these procedures, interpretations, and conclusions, which are involved in this wellness screening. All wellness-screening results will only be provided to me, and it is my responsibility to present these results to my primary care provider for follow-up and treatment, if necessary. Wellness medical tests are for screening purposes only and should not be considered as a substitute for a complete physical examination.

I acknowledge that I have read the above statements, had the opportunity to ask questions regarding the wellness medical screenings, and had all my questions answered prior to my signing of this liability waiver.

Signature	Please print legibly this form may be mailed.			
Date	Name			
DOB	_ □ Male □ Female	Address		
Email		City	State	Zip
Phone Number	Thank you for allowing us to care for you!			