Trenton Health Team: Robert W. Johnson Foundation *Advancing Inroads for Health* Project-*Wheels to Wellness* Mobile Health Clinic Request Form and Checklist

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| Proposed Date of Event: Click here to enter a date. |
| Proposed Time of Event: Click here to enter text. |
| Specific Time Being Requested for Mobile Health Clinic: Click here to enter text. |
| Location and Type of Activity: Click here to enter text. |
| Organization Requesting the Mobile Health Clinic: Click here to enter text. |
| Point of Contact: Click here to enter text. |
| Alternate Point of Contact: Click here to enter text. |
| Services (check or mark the requested services):[ ] Blood Pressure Screening [ ] Body Mass Index[ ] Glucose Screening (sugar, diabetes)[ ] Cholesterol[ ] HIV Testing & Counseling[ ] Referral to Health or Social Services (please be specific)[ ] Other (please be specific): Click here to enter text. |
| Target Audience (approximately how many will be served):Click here to enter text. |
| Any special requests?\* Click here to enter text. |

\*We will do our best to accommodate materials and special requests but please note not all can be fulfilled. This also includes changes to your reservation (i.e., change of event date).