## FLORIDA DEPARTMENT OF HEALTH IN DUVAL COUNTY Health Fair Participation Request Form

**Duval County** 

mail Address:	
vent date:// Event hours: Type of event: School health & safety fair Church health fair Neighborhood fair Event Location: Church Business Shopping Mall Senior Center	_ Set-up hours Community-wide expo Worksite wellness Other (please describe) Community Center Convention Center Apartment Complex
Type of event:         School health & safety fair         Church health fair         Neighborhood fair         Kevent Location:         Church         Business         Shopping Mall         Senior Center	Community-wide expo Worksite wellness Other (please describe Community Center Convention Center Apartment Complex
<ul> <li>School health &amp; safety fair</li> <li>Church health fair</li> <li>Neighborhood fair</li> <li>Neighborhood fair</li> </ul> Event Location:           Church           Business           Shopping Mall           Senior Center	Worksite wellness Other (please describe Community Center Convention Center Apartment Complex
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Neighborhood fair	Other (please describe) Community Center Convention Center Apartment Complex
Event Location: Church Business Shopping Mall Senior Center	Community Center Convention Center Apartment Complex
Church     Image: Church       Business     Image: Church       Shopping Mall     Image: Church       Senior Center     Image: Church	Convention Center Apartment Complex
Business     Image: Shopping Mall       Senior Center     Image: Shopping Mall	Convention Center Apartment Complex
Shopping MallSenior Center	Convention Center Apartment Complex
□ Senior Center □	
	Dark
Other (please describe)	Faik
ч	
Target audience & anticipated number: (chec	k all that apply <b>)</b>
Adult men	Adult women
□ <b>Teens</b> □	Children
How is this event being advertised? (Check a	ll that apply <b>)</b>
□ Flyers □	Signs
<b>Television</b>	Radio
□ Newspaper □	Word of mouth
□ Internet □	Other
Please indicate what services and/or program	ns you are requesting:
Health Programs He	alth Services
	STDs & HIV/AIDS
Teen Pregnancy Prevention	Diabetes assessment
Healthy Start (info for pregnant Moms & new	
<ul> <li>Health Insurance Marketplace (Affordable Ca</li> <li>Florida Breast &amp; Cervical Cancer</li> </ul>	re Act)

Tobacco Prevention Program

Fax completed form to the Communications and Community Engagement Office (904) 253-2428.

If you have any questions, please call (904) 253-1470.

Someone from our office will call you to confirm our participation.

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	YES	NO	COMMENTS
Has this event occurred before?			
If yes, how often? Write your answer			
in the comments column. $\rightarrow$			
If so, how many people			
attended? Write your answer in the			
comments column. →			
Are other vendors providing			
health screenings for this event?			
Are other vendors providing			
health information & resources			
for this event?			
What screenings are being			
<b>provided by other vendors?</b> Write your answer in the comments			
column. $\rightarrow$			
Is there a limit on the number of			
tables you can provide the			
DCHD?			
What size tables are you			
<b>providing?</b> (Please describe in comments column) $\rightarrow$			
Are the tables covered & skirted?			
Is entrance in this event free for			
participants?			
Is entrance in this event free for			
vendors?			
Are you providing meals for			
vendors?			
Is parking free for vendors?			

Other Comments about this event:

**Fax completed form to the Communications and Community Engagement Office (904) 253-2428.** If you have any questions, please call (904) 253-1470. Someone from our office will call you to confirm our participation.

Thank you for inviting the Florida Department of Health in Duval County to your event.