



**COUNTY OF SAN DIEGO**  
HEALTH AND HUMAN SERVICES AGENCY  
Public Health Laboratory  
5540 Overland Avenue  
San Diego, CA 92123  
Phone: (858) 325-6400  
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## **Non-Diagnostics General Health Assessment Program Event Permit Request Form of Organization or Operator**

Please complete a separate form for each location where assessments are to be performed, at least 30 days prior to the event.

### **Name of Organization or Operator:**

#### **A. Location where assessments are to be performed:**

**Name of Location:**

**Address Line 1:**

**Address Line 2:**

**City:**

**State:**

**Zip:**

**Telephone during work hours:**

**Telephone after work hours:**

#### **B. Dates and hours program will be operating at this location:**

**Date**

**Start Time**

**End Time**

**Day of Week**

**NOTE: ANY CHANGES IN TIMES, DATES OR LOCATION MUST BE REPORTED IN WRITING TO THE PUBLIC HEALTH LABORATORY AT LEAST 24 HOURS PRIOR TO THE OPERATION OF THE PROGRAM.**

**C. Types or kinds of non-diagnostic general health assessments being conducted at this location:**

- |   |  |
|---|--|
| <input type="checkbox"/> Total Cholesterol              | <input type="checkbox"/> High-Density Lipoproteins (HDL) |
| <input type="checkbox"/> Low-Density Lipoproteins (LDL) | <input type="checkbox"/> Triglycerides                   |
| <input type="checkbox"/> Blood Glucose                  | <input type="checkbox"/> Occult Blood                    |
| <input type="checkbox"/> Other (specify):               |  |

**D. Type and manufacturer of testing equipment to be used at this location:**

**Name of Equipment**

**Manufacturer**

(Attach additional sheets if necessary)

**E. List of Employees:**

Please list all employees who will participate in the nondiagnostic testing at this location.

**Name and Title**

**Authorized to perform skin puncture**

**YES**

**NO**

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(Attach additional sheets if necessary)

**NOTE: Please attach documentation of authorization to perform skin puncture for each individual listed above who will perform this procedure, unless previously submitted.**