



COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY
Public Health Laboratory
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**Non-Diagnostic 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 Lipoprotein (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
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

(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.