



County of San Diego  
Health and Human Services Agency  
Public Health Laboratory  
3851 Rosecrans St. Suite 716  
San Diego, CA 92110-3115  
Tel: (619) 692-8500

## Non-Diagnostics General Health Assessment Program Event Permit Request Form

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 nondiagnostic 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

<b>YES</b>	<b>NO</b>
<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.**