

FALL 2019 HEALTH FAIR ORDER & RECEIPT

PREREGISTRATION ENCOURAGED, BUT WALK-INS WELCOME

Join us! HSHS St. Joseph's Hospital Breese offers Health Fair Screenings to foster our values of respect, care, competence and joy. Thank you for participating as we work to fulfill our mission in the community. ONE COPY of your lab results will be mailed to the address provided below. Results become part of your hospital medical record. WE WILL NOT BILL YOUR INSURANCE PROVIDER.

PLEASE PRINT LEGIBLY
 LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____ BIRTH DATE ____/____/____

MAILING ADDRESS _____ CITY _____ ST _____ ZIP _____ SEX: M F

PHONE NUMBER/S _____ MAY WE LEAVE A MESSAGE? YES NO

Breese KC 9/11 6-10am form due Sept. 4
 Carlyle KC 9/25 6-10am form due Sept. 18
 Trenton 1stUMC 10/9 6-10am form due Oct. 3
 Gtown Legion 10/23 6-10am form due Oct. 16

AMOUNT	FEE	MARK THE FAIR YOU PLAN TO ATTEND ABOVE & SERVICES YOU WISH TO RECEIVE AT LEFT. WE DO NOT SCHEDULE APPOINTMENTS.	
\$	\$45	Comprehensive Blood Screening (CBS) — REQUIRES 10 HOUR FAST & screens for anemia, infection and diabetes; checks cholesterol levels & thyroid, liver and kidney function. Please do not skip medication taken with water.	
\$	\$15	Vitamin D — A general screening. Normal levels may be important for immune function, cancer prevention and osteoporosis treatment.	
\$	\$15	MEN ONLY Prostate Specific Antigen (PSA) — The doctor uses this result in conjunction with an exam to screen for prostate cancer.	
\$	\$10	Hemoglobin A1C — FOR THOSE WITH/AT-RISK FOR DIABETES. Indicates if treatment measures are working to prevent organ damage.	
\$	\$1	Colon Cancer Screening Kits — Contains everything you need to collect the three recommended samples for this AT HOME screening.	
\$	—	Donation to HSHS St. Joseph's Foundation Breese. Donations of gently used eyeglasses, hats, scarves & wigs are accepted at the Fairs.	
FREE	—	Blood Pressure Check — Always be on the lookout for hypertension!	If you register for one of these Fairs but do not attend, your files automatically transfer to the next Fall 2019 Fair. No need to register again. As soon as results are processed (allow 2-3 weeks), one copy will be mailed to you at the address listed above. If you have not received your results in one month, please call 618-526-5351.
FREE	—	Body Composition Test — Calculates your percentage of body fat.	
FREE	—	Diabetes Finger Stick — Checks your blood sugar level.	

\$ _____ FEE TOTAL
 Payments by cash, check or card will **only** be accepted upon arrival at the Health Fair you are attending. **Please do not submit payment with this form.**

One person per form please. To be "preregistered," your completed form must be received one week before the Fair you attend to allow us to preprint vial labels. This increases accuracy and speeds the blood draw process. Return form to hospital entrance desk, fax to 618-526-1404, mail to "Health Fair, PO Box 99, Breese, IL 62230," or scan/email to sjb.healthfair@hshs.org

CONSENT & RELEASE: PLEASE SIGN BELOW & SUBMIT ENTIRE FORM

I hereby request that health screenings/lab tests be performed for me by HSHS St. Joseph's Hospital Health Fair personnel. I understand that the screenings checked above will be performed only at the Health Fair for the listed fee. I know that Medicare will not reimburse me.

I hereby release the Hospital and all personnel from any and all liability including any matter or thing committed or omitted which may arise during blood drawing or other screenings/tests, or from the data derived therefrom. I understand that:

1. A licensed health care provider, Dr. Dolph Haege, will review results and participants with critical results will be called.
2. Data derived from such screenings/lab tests requires clinical correlation by a licensed health care provider.
3. My results do not constitute a medical diagnosis.
4. The results of my screening/lab tests will be sent only to the address I have specified above.
5. The responsibility for initiating any follow-up examinations for abnormalities identified at the Health Fair lies with me as the person responsible for my own health and not with any participating organization.
6. Workers will have access to my lab test results for mailing.

In accordance with hospital policies and federal regulations (HIPAA), patient information and test results are considered "protected health information" and will remain confidential. A copy of the Notice of Privacy Practices may be requested by calling the Privacy Officer at HSHS St. Joseph's Hospital at (618) 526-4511. A copy will be given to you to sign at the Fair.



REV=08/19

FOR HOSPITAL USE ONLY.
 PAID INIT _____
 CASH CHECK # _____
 CARD

★ PARTICIPANT SIGNATURE _____ DATE _____

FOR HOSPITAL USE ONLY. Name listed on card/check _____
 If card, account # _____
 FOR HOSPITAL USE ONLY. MASTERCARD VISA DISCOVER AM EX
 If card, security code _____
 FOR HOSPITAL USE ONLY. If card, expiration date ____/____/____