

COMMUNITY HEALTH FAIR or EVENT PARTICIPATION REQUEST FORM

Please fill in the information below if you are making a request for
suburban Cook County ONLY.

For the Cook County Department of Public Health (CCDPH) to participate at your event, fax the completed form to the Health Promotion Unit at 708.492.2913.

For more information on our programs please see our web site:

www.cookcountypublichealth.org.

****Please Note: Our participation is dependent on resources,
scheduling and availability of staff.***

***Completing this request form does not guarantee CCDPH's participation.
Requests should be received by our office at least 8 weeks prior to the event.***

GENERAL CONTACT INFORMATION

Agency Name: _____ Event Contact Person: _____

Agency Mailing Address (Please include city, state, and zip code):

Mailing Address City State Zip Code

Phone #: _____ Fax #: _____

E-mail Address: _____

EVENT DESCRIPTION

Event Name: _____

Describe the Event's Purpose and other services that will be offered: _____

of years this event has taken place: _____ years Avg. # of attendees, if applicable: _____

Has CCDPH participated in this event previously? Yes No

EVENT LOCATION IF DIFFERENT FROM MAILING ADDRESS-

Please specify building name, if applicable, address, and city.

Address of Event's Location City Building Name

Will the event be held: Inside Outside

EVENT DATE _____

EVENT TIME _____ AM/PM to _____ AM/PM Please list the start/end times of the event.

Time requested for CCDPH to be present: _____ AM/PM to _____ AM/PM

For CCDPH Staff Use Only

Date Request Received: _____ Date Acknowledged: _____ Date Finalized: _____

Staff Attending: _____

COMMUNITY HEALTH FAIR OR EVENT PARTICIPATION REQUEST FORM

EVENT DESCRIPTION (CONINTUED)

Target Population (Check all that apply):

- | | | |
|--|----------------------------------|---|
| <input type="checkbox"/> Older Adults (65 years and older) | <input type="checkbox"/> Males | <input type="checkbox"/> Caucasian |
| <input type="checkbox"/> Adults (50 – 64 years) | <input type="checkbox"/> Females | <input type="checkbox"/> African-American |
| <input type="checkbox"/> Adults (30 – 49 years) | | <input type="checkbox"/> Latino |
| <input type="checkbox"/> Young Adults (19 – 29 years) | | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Teenagers (13 – 18 years) | | |
| <input type="checkbox"/> Children | | |
| <input type="checkbox"/> Toddlers | | |
| <input type="checkbox"/> Infants | | |
| <input type="checkbox"/> Families | | |

Number of participants estimated to attend:

- | | | |
|--|---|---|
| <input type="checkbox"/> 25 – 50 people | <input type="checkbox"/> 150 - 200 people | <input type="checkbox"/> 200 – 300 people |
| <input type="checkbox"/> 50 – 100 people | <input type="checkbox"/> 150 – 200 people | <input type="checkbox"/> Other: _____ |

HEALTH INFORMATION REQUESTED Information Table with:

- | | |
|---|--|
| <input type="checkbox"/> CCDPH Clinic Sites | <input type="checkbox"/> Maternal and Child Health |
| <input type="checkbox"/> Cancer / Cancer Prevention (Breast Health, Prostate Cancer, Testicular Cancer) | <input type="checkbox"/> Physical Activity and Exercise |
| <input type="checkbox"/> Chronic Disease Prevention (Diabetes, Asthma Heart Disease, Cholesterol control) | <input type="checkbox"/> Sexual Health, including, but not limited to information on Family Planning, HIV/AIDS, and other STDs |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Tobacco Prevention & Smoking Cessation |
| <input type="checkbox"/> Hygiene | <input type="checkbox"/> Violence Prevention |
| <input type="checkbox"/> Immunizations | <input type="checkbox"/> Flu Prevention (Seasonal: October - March) |
| <input type="checkbox"/> Lead Poisoning | <input type="checkbox"/> West Nile Virus (Seasonal: May - September) |
| <input type="checkbox"/> Nutrition | <input type="checkbox"/> We would also like materials in Spanish |

OTHER ILLINOIS PROGRAMS (See the CCDPH clinic schedule for details)

- | | |
|--|---|
| <input type="checkbox"/> Access to Care | <input type="checkbox"/> Women, Infants, and Children (WIC) |
| <input type="checkbox"/> Breast and Cervical Cancer Prevention Program | |
| <input type="checkbox"/> All Kids/FamilyCare | |

Cook County
Department of Public Health
Cook County Bureau of Health Services



Printable materials are listed on our website under
Publications and Reports

at

www.cookcountypublichealth.org