

## FAX request for Mobile Clinic

<b>To:</b> Alice Byrd	<b>From:</b>
<b>Phone:</b> (212) 366-4500 ext. 261	<b>Phone:</b>
<b>Fax:</b> (212) 366-4616	<b>Fax:</b>
<b>Re:</b> Request for CHN mobile clinic	<b>e-mail:</b>
<b># of pgs. (incl. this cover sheet):</b> ....	<b>Today's date:</b>

Day & date needed: \_\_\_\_\_ Time: from \_\_\_\_\_ to \_\_\_\_\_

Name & description of event: \_\_\_\_\_

Are other agencies involved in event? Y / N (circle one) If yes, please list them: \_\_\_\_\_

What medical screenings would you like provided at this event? \_\_\_\_\_

Justification for mobile in lieu of table: \_\_\_\_\_

Location of event: \_\_\_\_\_

Nearest subway stop: \_\_\_\_\_ Nearest CHN health center: \_\_\_\_\_

Is there 47 feet available to park the mobile clinic? Y / N (circle one)

Directions: \_\_\_\_\_ (attach if necessary)

How many people are expected at the event? \_\_\_\_\_ Has the mobile been involved in this event

before? Y / N When? \_\_\_\_\_ How many people were signed up? \_\_\_\_\_

Ctr Dir: \_\_\_\_\_ CMA: \_\_\_\_\_

Facilities Mngmt: \_\_\_\_\_ Providers: \_\_\_\_\_