



# 32<sup>nd</sup> ANNUAL DUNKIRK/FREDONIA ROTARY BLOOD SCREENING PROGRAM & COMMUNITY HEALTH FAIR

## REGISTRATION FORM

The 2016 Dunkirk/Fredonia Rotary Blood Screening Program is scheduled for **ONE DAY ONLY** on **Saturday, Sept. 17<sup>th</sup>** from **6:15am – 10:00am** at **Fredonia High School**. This year, the event has evolved to include a community health fair featuring workshops and demonstrations from Brooks Memorial Hospital and TLC Health Network.

To register, please complete the form below, stamp and return by mail using the pre-addressed self-mailer on the back side of this form. **You may also register online at [www.brookshospital.org/community-health](http://www.brookshospital.org/community-health)**, by calling 363-3917 Monday -Friday between 8 am and 4 pm, or by FAX at 363-3918.

We will gladly make every attempt to accommodate your preferred appointment time between **6:15 am and 10:00 am**.

**My preferred appointment time is \_\_\_\_\_ A.M.**

*Please check all services to be scheduled:*

**21 Clinical Tests** ----- **\$45.00**  
(including TSH and Colorectal take-home test kit)

**PSA (for men)** ----- **\$25.00**

Before and after your appointment, please stay for health and wellness workshops, demonstrations, and giveaways!

\*Provide your email address to be automatically entered in our grand prize drawing for a



WIRELESS ACTIVITY TRACKER

Please pay by cash or check at the time of your appointment. Checks may be made to out to *Brooks Memorial Hospital*. Sorry, no credit cards accepted.

**PLEASE PRINT:**

**Your Full Name:** \_\_\_\_\_

**Your Home Address:** \_\_\_\_\_

**Your Phone Number:** \_\_\_\_\_ **\* E-Mail Address:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Gender (check one)**  **M**  **F**

**Name of Your Primary Care Physician:** \_\_\_\_\_

A confirmation of your scheduled appointment time will be mailed to you. Thank you!