

NONDIAGNOSTIC GENERAL HEALTH ASSESSMENT:**Site Registration Form****Kings County Public Health Laboratory****460 Kings County Drive, Ste. 101, Hanford CA 93230 -- Phone (559) 584-1401 Fax (559) 584-1376**

Complete this form for each location where assessments are to be performed. Send to laboratory 30 days before scheduled operation.

A. Name of Organization or operator.

NAME _____		
ADDRESS _____	CITY/STATE _____	ZIP _____
CONTACT PERSON _____	PHONE _____	FAX _____

B. Location where Assessments are to be performed.

NAME _____		
ADDRESS _____	CITY/STATE _____	ZIP _____
CONTACT PERSON _____	PHONE _____	FAX _____

C. Dates and Hours Program will be operating at this Location:

Dates	Hours	Days of Week

NOTE: Any changes in times, dates or location must be reported in writing or fax to the Public Health Laboratory at least 24 hours prior to the operation of the program.**D. Type or Kind of Nondiagnostic General Health Assessments being conducted at this location.**

<input type="checkbox"/> Total Cholesterol	<input type="checkbox"/> Blood Glucose	<input type="checkbox"/> Triglycerides
<input type="checkbox"/> Low-Density Lipoproteins (LDL)	<input type="checkbox"/> High-Density Lipoproteins (HDL)	<input type="checkbox"/> Occult Blood
Other (specify): _____		

E. Type and manufacturer of testing equipment to be used at this location.

Name of Equipment	Manufacturer

(Attach additional sheets if necessary)

F. List of employees:

Please list all employees who will participate in the nondiagnostic testing at this location. Include license/certificate number and expiration date.

Name and Title	Authorized to perform skin puncture Yes No	Cert Number/Expiration Date
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(Attach additional sheets if necessary)

NOTE: Documentation of authorization to perform skin puncture should be available at testing site for each employee performing testing.