Livingston Health Department
Spring Health Fair

Wednesday, April 8, 2015
8:30 AM to 11:30 AM
204 Hillside Ave., Livingston, NJ
(Lower Level of the Senior/Community Center)

FREE Screenings:
Podiatry, Bone Mineral Density, Hearing, Vision, Balance,
Spinal, Blood Pressure and more!

**Guests:** Saint Barnabas Medical Center, Seton Hall
Nursing Students, “Ask the Pharmacist” with
Northfield Pharmacy, a Registered Dietician,
Fresh Market, CVS Nurse Practitioner,
Livingston Police Dept. and more!!

**Blood Work** available at reasonable prices!
(see registration form on back)

**For Questions:** Contact the Nursing
Division of the Livingston Health
Department at: (973)-535-7961
Extension 226, 227 or 228
Livingston Health Department Blood Work Registration Form

Wednesday, April 8, 2015

Please Print All Information:

First Name:__________________ Last Name___________________ MI___
Address:___________________________________________ Gender____
City:___________________________ State_____________ Zip_________
DOB: ___/___/___ Age: _______ Daytime Phone # ____________________

Physician Name: _______________________________________________
Address:_____________________________________________________
City:________________________ State:_______________ Zip__________

[   ] Health Screen II ($25) *Includes Chem 23, Lipid Profile, CBC w/diff, T4
[   ] Health Screen III ($35) *Includes Chem 23, Lipid Profile, CBC w/diff, PSA
[   ] Health Profile I ($20) *Includes CBC, Chemistry, and Lipid Profile

*Please note that this test requires a 12-hour fast. Check with your physician for medications.

[   ] Lyme Disease Screen ($25)    [   ] Hepatitis C Screening ($20)
[   ] PSA (Prostate Specific Antigen) ($30)   [   ] Hepatitis B Surface Antibody ($20)
[   ] Blood Type & RH Factor ($10)    [   ] Homocysteine ($20)
[   ] T3 ($10)    [   ] CRP ($20)
[   ] T4 ($10)    [   ] Vitamin D, 25 OH ($32)
[   ] Thyroid TSH ($10)    [   ] Hemoglobin A1C ($20)

If you wish to participate, you must complete this form and return it with two stamped legal-size envelopes (one self-addressed and one addressed to your physician).

Make check payable to: Excell Laboratories.

Send or drop off check to: Livingston Health, 204 Hillside Ave., Livingston, NJ 07039.

Please read and sign disclaimer below:

I understand that these tests should not be in place of a routine physical exam and should be reviewed by my physician. I release the sponsoring organization from any responsibility or liability from health consequences that may occur from my participation in this event.

Signature:______________________________________ Date: _______________

_________________________ FOR OFFICE USE ONLY _______________________

Total Amount Due: $______________________  Paid on Date:_________________