



# Global Initiative for Health and Wellness



## Medical Mission/Health Fair Request Form

1. Requesting Lions Club/Group \_\_\_\_\_ LC District \_\_\_\_\_ Date \_\_\_\_\_
2. Event Type:     Medical Mission     Health Fair
3. How long is your Event Duration: Days \_\_\_\_\_ Weeks \_\_\_\_\_ Months \_\_\_\_\_
4. Event Date    MM/DD/YY \_\_\_\_\_ Thru MM/DD/YY \_\_\_\_\_
5. Is this a multi-location event?  Yes     No    (If "Yes", indicate the first event address on item 6 and fill out Page 4-5 indicating the other event dates/locations related to this requisition.)
6. Event Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Country \_\_\_\_\_ Phone Number \_\_\_\_\_

If Multiple Location Event, item 6 is the 1<sup>st</sup> Event location. Enter Dates below for this location.

MM/DD/YY \_\_\_\_\_ thru MM/DD/YY \_\_\_\_\_

7. How many People do you expect to serve? Youth \_\_\_\_\_ Adults \_\_\_\_\_ Seniors \_\_\_\_\_
8. Main Purpose of your Event:     Health     Eyes     Food     Water     Dental  
 School Supplies     Clothing     Shoes     Educating Street Children  
 Other (specify) \_\_\_\_\_

9. Describe your Medical Mission or Health Fair Event :

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## Medical Mission/Health Fair Request Form (cont.)

Requesting Lions Club/Group \_\_\_\_\_ Date Requested \_\_\_\_\_

**10. Equipment/Supplies Requested (enter quantity for each requested item).**

Check this box for more items requested on Page 6 of this form.

Item Requested	Quantity		Item Requested	Quantity
Blood Pressure Equipment			Mouthwash	
Eye Charts			Backpacks	
Blood Oxygen Equipment			Health Educational Brochures	
Eyeglass readers (assorted)			Dental Educational Brochures	
Eyeglass prescription order (specify grade)			<b>Other brochures (specify)</b>	
Eyeglass prescription order (specify grade)				
Eyeglass prescription order (specify grade)				
Flu vaccine				
Measles vaccine				
Alcohol wipes				
Rubber gloves				
Masks			<b>Other supplies (specify)</b>	
Biohazard Waste Containers				
Sterile Matts				
Lancets/strips				
Vials				
Sticks				
Cotton				
Qtips/swabs			<b>Other vaccines (specify)</b>	
Toothbrushes				
Toothpastes				
Dental Floss				



## Medical Mission/Health Fair Request Form (cont.)

Requesting Lions Club/Group \_\_\_\_\_ Date Requested \_\_\_\_\_

**11. IMPORTANT CONDITIONS:** Your request for supplies and/or equipment will be reviewed and submitted for GIHW approval. If approved, you will be notified where and when the items will be available for pickup. You agree and understand that the equipment and supplies you requested is intended only for use of the Medical Mission or Health Fair you specify on page 1 (and Page 4 -5 if multiple locations) of this form. You also agree that the requested items will be in your Lions Club care and kept in a secure location at all times. For reporting and record keeping purposes, during each Medical Mission or Health Fair event location, you are required to: 1) Track/record the number of people you are serving for each service type (e.g., Cholesterol screening, Blood Pressure testing, Vision Screening, Flu shots, etc.); 2) Maintain a log of volunteer names/signatures /dates who participated at the event location; 3) Keep license copies of health professionals (e.g., Doctors, Nurses, Medical Technologists, Dentists) who are providing service at each event; 4) Provide documentation of your event such as copies of Certificate of Liability Insurance for each related location as well as news articles, pictures/videos of volunteers and people served during the event; 5) Document abnormal exam results, provide referrals to hospital and follow-up. After the event, record each equipment and unused item type/quantity provided by GIHW and where (address) they are stored.

Within 20 days of the completion of your event, you must report and provide the above information and related documentation by email to Eleanor Britter [estjohn7@gmail.com](mailto:estjohn7@gmail.com) and cc. Bill Britter [billb8816@gmail.com](mailto:billb8816@gmail.com) , Liz Yulo [lizyulo@yahoo.com](mailto:lizyulo@yahoo.com) and Marlene Dumpit [mdumpit54@comcast.net](mailto:mdumpit54@comcast.net).

**12. By signing below, you certify this requisition form and consent to item#11 Important Conditions:**

Authorized LC /Group Officer Signature \_\_\_\_\_ Date \_\_\_\_\_

Authorized LC/Group Officer Name \_\_\_\_\_ ID \_\_\_\_\_

Title of LC/Group Officer \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

### **13. GIHW Internal Use Only**

Date Request Form Rec'd \_\_\_\_\_ Review Date \_\_\_\_\_ Approval Date \_\_\_\_\_

LC/Group Notification Date \_\_\_\_\_ Items Rec'd. by Requesting LC/Group Date \_\_\_\_\_

LC/Group Receiving Supplies/Equipment Signature \_\_\_\_\_

Medical Mission/Health Fair Completed Service Report/Documentation Rec'd. Date \_\_\_\_\_

NOTES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

GIHW Official Signature \_\_\_\_\_ Name \_\_\_\_\_



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## Medical Mission/Health Fair Request Form (cont.)

Requesting Lions Club/Group \_\_\_\_\_ Date Requested \_\_\_\_\_

For Multi-location Medical Mission/Health Fair events, list the Dates and Locations/Addresses below:

NOTE: The 1<sup>st</sup> event location/date is on Page 1 item 6 of this form.

14. 2<sup>nd</sup> Event Date MM/DD/YY \_\_\_\_\_ Thru MM/DD/YY \_\_\_\_\_

Event Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Country \_\_\_\_\_ Phone Number \_\_\_\_\_

15. 3<sup>rd</sup> Event Date MM/DD/YY \_\_\_\_\_ Thru MM/DD/YY \_\_\_\_\_

Event Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Country \_\_\_\_\_ Phone Number \_\_\_\_\_

16. 4<sup>th</sup> Event Date MM/DD/YY \_\_\_\_\_ Thru MM/DD/YY \_\_\_\_\_

Event Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Country \_\_\_\_\_ Phone Number \_\_\_\_\_

17. 5<sup>th</sup> Event Date MM/DD/YY \_\_\_\_\_ Thru MM/DD/YY \_\_\_\_\_

Event Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Country \_\_\_\_\_ Phone Number \_\_\_\_\_



# Global Initiative for Health and Wellness



## Medical Mission/Health Fair Request Form (cont.)

Requesting Lions Club/Group \_\_\_\_\_ Date Requested \_\_\_\_\_

For Multi-location Medical Mission/Health Fair events, list the Dates and Locations/Addresses below:

NOTE: The 1<sup>st</sup> event location/date is on Page 1 item 6 of this form.

18. 6th Event Date MM/DD/YY \_\_\_\_\_ Thru MM/DD/YY \_\_\_\_\_

Event Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Country \_\_\_\_\_ Phone Number \_\_\_\_\_

19. 7<sup>th</sup> Event Date MM/DD/YY \_\_\_\_\_ Thru MM/DD/YY \_\_\_\_\_

Event Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Country \_\_\_\_\_ Phone Number \_\_\_\_\_

20. 8<sup>th</sup> Event Date MM/DD/YY \_\_\_\_\_ Thru MM/DD/YY \_\_\_\_\_

Event Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Country \_\_\_\_\_ Phone Number \_\_\_\_\_

21. 9<sup>th</sup> Event Date MM/DD/YY \_\_\_\_\_ Thru MM/DD/YY \_\_\_\_\_

Event Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Country \_\_\_\_\_ Phone Number \_\_\_\_\_

