

## SIGHT AND HEARING MOBILE SCREENING UNIT VISIT REQUEST FORM

NAME OF CLUB	REGION	ZONE
CLUB PRESIDENT	TELEPHONE / E-MAIL	
PROJECT CHAIRMAN OR POINT OF CONTACT	TELEPHONE / E-MAIL	

### VISITATION INFORMATION

RECURRING EVENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME/TYPE OF EVENT (HEALTH FAIR, FESTIVAL, ETC.)	DATE(S) REQUESTED PRIMARY SECONDARY
THIS IS THE CLUB'S _____ REQUEST <input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY <input type="checkbox"/> ADDITIONAL	MULTI-CLUB FUNCTION? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME(S) OF ADDITIONAL CLUBS
<p><b>I understand that our club is responsible for providing a sufficient number of volunteers to staff the SAHMSU and that the club is responsible for providing or obtaining the technician(s) and driver(s)</b></p> <p><b>Cleaning of unit and securing equipment required:</b>  <b>I also understand it is the responsibility of the Technician in charge of this SAHMSU function to supervise cleaning of the Unit and securing all equipment before returning the Unit. I will remind the Technician in charge about this responsibility.</b></p>		
SIGNATURE  _____	TITLE	DATE

### SCHEDULER INFORMATION

Your request has been:	
<input type="checkbox"/> APPROVED AS REQUESTED	
<input type="checkbox"/> APPROVED WITH THE FOLLOWING CHANGES:	
<input type="checkbox"/> DISAPPROVED FOR THE FOLLOWING REASONS:	
<p><b>The sponsoring club must provide to the scheduler the name(s) of the participating technician(s) (designating the Technician in charge) and driver(s) at least 90 days prior to the screening event. This notification may be telephonically or in writing.</b></p>	
SCHEDULED TECHNICIAN(S) Technician in charge: _____ Other Technicians: _____	
SCHEDULED DRIVER(S)	
COORDINATING INSTRUCTIONS	
SCHEDULER SIGNATURE  _____	DATE