

# CHOP Health Fair Request Form

**Instructions:** Please complete the form below. This form can be used to request services from the Miami Dade County Health Department solely, as well as from the Consortium for a Healthier Miami-Dade. Those interested in participating will contact you directly to discuss their availability.

Title of Event: UM student health fair

Address of Event Site: 610 Espanola way, 217 NW 15th St,

City: Miami State: FL Zip Code: 33139

Date of Event October 16, 2015 Start Time 9:30 End Time 11:00

Day(s) of the Week for Event:  Mon.  Tues.  Wed.  Thurs.  Fri.  Sat.  Sun.

University of  
 Miami School of  
 Nursing and  
 Health Studies  
 Event Sponsor: Health Studies Lead Organization's Name: Same as above  
 Is Lead (beneficiary) a for-profit or non-profit organization?  For-Profit  Non-Profit

**Note:** If for profit, fees for selected services may apply.

If for-profit, will this event benefit employees or the  Employees  Public at Large  Both public at large?

Event Planner's Name: Yui Matsuda

Title: Assistant Professor Daytime Telephone: 305-284-1056

Mailing Address: 5030 Brunson Dr.

City: Coral Gables State: FL Zip Code: 33146

Fax: \_\_\_\_\_ E-mail: ymatsuda@miami.edu

Date Booth Registration Due by: November 30, -0001 Booth Fee(s) (if any): 0

Contact Person for Booth Registration: Yui Matsuda

Daytime Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Describe Target Audience:

- General Public  Senior Groups  College & University  
 Health Professionals  Corporate Setting  K-12 Students  
 Family  Faith-based  Other: victim of domestic violence

Languages Represented:  English  Spanish  Creole  Other: Spanish

Age Group of Attendees:  0-18  19-24  25-35  36-50  51-69  70+

# Attended Last Year: 20 # Expected This Year: 20

**Requested Services** - Please check A or B:

- A. Miami Dade County Health Department Only:   
 B. Health Dept and Consortium for a Healthier Miami Dade:

Adult Immunizations	_____	Diabetes Education	Yes _____	Nutrition	Yes _____
Arthritis	_____	Domestic Violence	_____	Prostate Cancer	_____
Asthma	_____	Family Planning Info	Yes _____	Safer Sex Materials	Yes _____
Blood Pressure	Yes _____	Glucose Testing	_____	Sexual Assault	_____
Breast Cancer Info	Yes _____	Healthy Start	_____	Sickle Cell	_____
Breastfeeding/WIC	_____	Hepatitis Education	_____	STD Education	Yes _____
Cervical Cancer	Yes _____	Hepatitis Testing	_____	STD Testing	Yes _____
Child Immunizations	_____	HIV Education	Yes _____	TB Education	_____
Cholesterol	_____	HIV Testing	_____	Teen Clinic Info	_____
Dental	Yes _____	KidCare Info	_____	Tobacco Cessation	Yes _____

Chronic Disease Prevention (Specify) \_\_\_\_\_  
 Environmental Health (Specify) \_\_\_\_\_  
 Mental Health (Specify) Stress management/reduction \_\_\_\_\_  
 Presentations (Specify) \_\_\_\_\_  
 Social Services (Specify) \_\_\_\_\_  
 Other Services (Specify) \_\_\_\_\_  
 Prohibitions? (E.g. condoms, safer sex materials) \_\_\_\_\_

Site Accommodations for Health Providers (Vendors):  
 Indoor Yes \_\_\_\_\_ or Outdoor \_\_\_\_\_  
 Rain Shelter \_\_\_\_\_  
 Bathrooms Yes \_\_\_\_\_  
 Private Area for Confidential Screening Available? Yes \_\_\_\_\_  
 Electricity Yes \_\_\_\_\_  
 AV Equipment Yes \_\_\_\_\_  
 Refrigeration (for Vaccines, Test Supplies) Yes \_\_\_\_\_

Refreshments Yes Yes \_\_\_\_\_ No \_\_\_\_\_  
 Details For Vendor Parking Some parking available \_\_\_\_\_  
 Location of Vendor Check-in Table & Site Map \_\_\_\_\_  
 Time for Vendors to Set Up 8:30 \_\_\_\_\_  
 Is Set Up Assistance Available? Yes \_\_\_\_\_  
 Breakdown Time? 11:30 \_\_\_\_\_

Strategy to Attract Attendees:  
 Coordination With What Other Organizations? Jewish Community Services, Lotus House \_\_\_\_\_

Open to the Public? No \_\_\_\_\_ Any Cost? No \_\_\_\_\_  
 What Entertainment Provided? Music \_\_\_\_\_  
 What Children's Activities? For Lotus House \_\_\_\_\_  
 What Radio &/or TV Spots? No \_\_\_\_\_  
 Newspaper Announcements? No \_\_\_\_\_  
 Flyers Distributed to Other Organizations Well in Advance? N/a \_\_\_\_\_  
 Who Will Canvass Neighborhood With Flyers? N/a \_\_\_\_\_  
 Who Will Post Signs in Key Neighborhood Spots? N/a \_\_\_\_\_  
 Other Marketing Activities? Flyer in organization \_\_\_\_\_

Health fairs are part of population-based nursing course for UM school of nursing and health studies undergraduate nursing students. Students have to assess, identify problems and conduct a health fair in 7 weeks. So I as a lead instructor of the course, would like to form relationships with community organizations who would be willing to partner with us, so when students identify problems, they can immediately contact to organizations that know about what students are trying to accomplish in a short period of time. I am happy to discuss this in person and explain what's expected of students and how we can work together. thank you.

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Comments (Please include special instructions.):

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***DISCLAIMER:*** The Miami-Dade County Health Department and the Consortium for a Healthier Miami-Dade are NOT endorsing any activity by disseminating this form. The purpose of this form is only to disseminate information about community health fairs and provide a forum for collaboration and partnerships between interested organizations. It is NOT the responsibility of the Consortium to coordinate or determine if there is any sponsorship exclusivity related to each community health fair. Any questions regarding the event must be directed solely to the event planner.