

Polk County Health Department Outreach Questionnaire

Name of Organization/Event _____

Brief Description _____

Address _____

Contact name _____ Email _____

Phone Number _____ Fax Number _____

Requested/Suggested Clinic/Event Date & Time _____

Target audience & how many expected- sex, age, insurance status, etc. (please respond to all)

Deadline for PCHD to respond _____ Cost to PCHD? _____

Type of Event:

Screening type: _____

Immunizations type: _____

(If Screening or Immunizations- why can't the target population access these services or come to Polk County Health Department?) _____

Demonstrations type: _____

Presentation type: _____

Information/Display Table/Booth on:

What will be provided? (tables, chairs, electricity, internet, etc.?) _____

How will you be promoting this clinic/event? _____

Please fax a copy of this form to Nola Aigner at 515-286-2033 or email to nola.aigner@polkcountyiowa.gov Thanks!