



**HIV/STI Prevention Team  
Testing and Health Fair Request Form**

Date of Request: \_\_\_\_\_ Date and time of Event: \_\_\_\_\_

Name of Event/Sponsor: \_\_\_\_\_

Event Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person Email Address: \_\_\_\_\_

Location of Event: \_\_\_\_\_

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

Target Audience: \_\_\_\_\_

Number Expected to Attend: \_\_\_\_\_ Method of recruitment: \_\_\_\_\_

Please Circle: Indoors/Outdoors    English/Spanish    Tables Provided: YES/NO

Check all programs requested:

- HIV and/or Syphilis (Blood Test)
- HIV Rapid Test (Mouth Swab)
- Chlamydia & Gonorrhea Screening
- HIV/STD Health Education Session
- Hepatitis C Screening (Blood Test)
- POSSE Information Table (Brochures only)
- POSSE Info Table to include condoms, lubricants, etc.
- POSSE Mobile Screening Unit
- Other \_\_\_\_\_

Type of Event:

- Health Fair (Information Only - No Testing)
- Health Fair with Screenings
- Community Event
- Faith-Based Initiative
- Testing Event Only
- Other \_\_\_\_\_

**Office Use Only:**

HIV/STD Prevention Team Staff Coordinator: \_\_\_\_\_

Date approved: \_\_\_\_\_ Date disapproved and reason: \_\_\_\_\_

# of Staff Needed: \_\_\_\_\_ Staff attending: \_\_\_\_\_

Actual: # in attendance \_\_\_\_\_ # tested for HIV/Syphilis \_\_\_\_\_ # tested for GC/CT \_\_\_\_\_ # educated \_\_\_\_\_

*Please fax form to (336) 727-8034 or email to owensld@forsyth.cc*