

Health Fair 2017

Saturday, April 29, 2017 7:00 a.m. ~ 12:00 p.m.

Canaan Valley Resort & Conference Center, Bear Paw Lodge

Multiphasic, Prostate and Thyroid Screening ONLY \$10 each!

For more information call 304-285-2730. No registrations will be taken over the phone.

Must Be Pre-Registered for the Following:
(See reverse to sign up for all screenings)

Multiphasic, PSA and thyroid screenings (\$10 each)

FREE

Ultrasound of the Gallbladder (6 hr. fast)

Ultrasound of the Aorta

Ultra Sound of the Carotid

EKG

No pre-registration required and FREE:

Talk to your Doc with *Dr. Mark Johnson*

Bone Density Testing

Ultrasound of the Veins

Wound Care, Diabetic Foot Care

Dr. Allan Evangelista

Foot and Ankle Screening

Hearing Screening

Special Thanks To Our Sponsors:

Mettiki Coal

Petitto Mine Equipment

Tuscan Grille Catering & Hospitality Services

Resources Tucker Community Foundation

St. George Medical Clinic

FirstEnergy

Moore's Farm Service & Sales

Zelda Stein Weiss Cancer Awareness Early Detection Project

Hope, Love and Charity Foundation

Dominion Foundation

NextEra Energy

WFSP 107.7 FM & WDNE 1240 AM

Canaan Valley Resort & Conference Center

Mountain State Expo

Tag Stiles

Health Fair 2017

Saturday, April 29, 2017

Canaan Valley Resort & Conference Center, Bear Paw Ski Lodge

Registration Form: Must be postmarked by April 14th. Please write one check for total amount. Prices good ONLY on April 29, 2017. Please call (304) 285-2730 if you have any questions. Return form with your check (payable to Mon General Hospital) to:

**Mon General Hospital Community Wellness
P.O. Box 1615
Morgantown, WV 26507**

Limited Spaces Available!

(Check all that apply)

- Multiphasic** _____ \$10 Don't forget...for the most accurate results, multiphasic participants must fast for 12 hours prior to the screening. Medication may be taken with small sip of water.
- PSA (men only)** _____ \$10 PSA (Prostate Specific Antigen) screening to men over the age of 50. We recommended you follow up with your physician and schedule a digital rectal exam.
- Thyroid (TSH)**----- \$10 Thyroid Stimulating Hormone.
- Free Screenings** **EKG** _____ **Ultrasounds:** Aorta _____ Carotid _____ Gallbladder _____
(6 hr. fast required)
- Total Enclosed \$** _____ Please write one check for the total amount of all the tests.
Prices good only on April 29, 2017.

Choose a time: [] 7:00-8:00am [] 8:00-9:00am [] 9:00-10:00am [] 10:00-11:30am

You will receive a confirmation letter in the mail and your test results will be mailed to you.

Name _____ Phone () _____

Address _____ City _____ State _____ Zip _____

Email _____

Date of Birth (required) ____/____/____ Social Security Number (required) _____

Sex ____ Are you diabetic? _____ Do you have Medicare Insurance Coverage _____

Informed Consent (Please read and sign): I allow the agents of Monongalia County General Hospital Company to draw a sample of my blood for testing in the Multiphasic Health Screening and/or Prostate Specific Antigen (PSA) and/or Thyroid Stimulating Hormone (TSH) screening. I understand that these tests are for screening only and, if there are abnormalities, it will be my sole responsibility to seek further evaluation and treatment as recommended. I understand it is not uncommon to experience some bruising (hematoma) at the site where the needle entered my arm for the blood specimen collection. By way of my signature below, I release Monongalia County General Hospital Company, Monongalia Health System, Inc., their respective directors, officers, agents, and employees from liability arising from this blood draw. To avoid bruising, please follow the instructions below:

- Leave the pressure bandage (band-aid) intact for at least 1/2 hour (1 hour if taking blood thinners).
- Avoid heavy lifting or undue strain on involve at the venipuncture site.
- Apply Ice if there is stinging, burning, or bruising at the venipuncture site.

Notice of Privacy: I understand that the Monongalia Health System Privacy Notice that describes how my health information may be used for the purpose of treatment and/or payment of health care operations will be available to me at the site of my blood draw.

Signature _____ Date _____