

**CAREVAN REQUEST FORM
CHICAGO DEPARTMENT OF PUBLIC HEALTH
IMMUNIZATION PROGRAM**

☞ **PLEASE FILL OUT (1) REQUEST FORM FOR EACH EVENT:**
Must Answer All Questions-PLEASE PRINT OR TYPE

NAME:		DATE:	
NAME OF SPONSORING ORGANIZATION:			
MAILING ADDRESS:		ZIPCODE:	
PHONE: ()	Fax: ()	Email:	
CONTACT PERSON FOR EVENT:		PHONE: ()	

EVENT INFORMATION

Name of Location:		
Location Address:		
Date of Event:	Beginning Time:	End Time:
Alternate Date(s): (1)	(2)	(3)
Brief Description of Event:		

THIS FORM IS FOR IMMUNIZATION SERVICES ONLY

★ LEAD SCREENING SERVICES PLEASE CALL (312)746-7820.

1. Which type of services will be offered at your event?

Physical Examination: ☐ Yes ☐ No Vision Screening: ☐ Yes ☐ No Hearing Screening: ☐ Yes ☐ No

2. Number of children expected to participate in this event: _____

3. Types of outreach intervention you are planning to implement for this event: (Check Those That Apply)

- ☐ Flyers ☐ Radio/TV Advertisements ☐ Door To Door Canvassing ☐ Outreach Workers
☐ Contact Local Schools ☐ Letter To Parents ☐ Other(Please Describe) _____

MAIL OR FAX COMPLETE FORM TO:

Ruby La'Mon
CareVan Coordinator
Chicago Department of Public Health
Immunization Program
2160 West Ogden Avenue
Chicago, IL 60612
(Fax) 312/746-6388 (Phone) 312/746-6122
email: ruby.lamon@cityofchicago.org

* **SUBJECT TO AVAILABILITY OF REQUESTED SERVICES**

CHICAGO DEPARTMENT OF PUBLIC HEALTH & BLUE CROSS BLUE SHIELD OF ILLINOIS

City of Chicago
Rahm Emanuel
Mayor

