



**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 _____