



USVI Department of Public Health Outreach Request Form

Please complete this form and return it to Ginny Dargan at ginny.dargan@doh.vi.gov. Please note that all requested services are subject to staff and resources availability.

About Your Organization

Organization Name: Click or tap here to enter text.
Contact Person: Click or tap here to enter text.
Phone Number: Click or tap here to enter text. Email: Click or tap here to enter text.

About The Event

If the same event is on multiple dates or at multiple locations, enter the information for each date/location.

Event Name:

Event Purpose: Click or tap here to enter text.

Target Audience: Click or tap here to enter text.

Event Date: Click or tap to enter a date. Event Start/End Time: Click or tap here to enter text.

Event Venue: Click or tap here to enter text.

Street Address: Island: St. Croix City: Frederiksted

Set-up Provided: Tent Table Tablecloths Chairs

Quantity: Choose an item. 5 2 12

Event Date: Event Start/End Time: Click or tap here to enter text.

Street Address: Island: Choose an item.

Set-up Provided: Tent Table Tablecloths Chairs

Quantity: Choose an item. Choose an item. Choose an item.

Event Date: Event Start/End Time: Click or tap here to enter text.

Event Venue: Click or tap here to enter text.

Street Address: Click or tap here to enter text. Island: Choose an item. City: Click or tap here to enter text.

Set-up Provided: Tent Table Tablecloths Chairs

Quantity: Choose an item. Choose an item. Choose an item. Choose an item.

Other organizations providing health-related information or services at this event: N/A

Specific information and/or services to be provided by these organizations: Click or tap here to enter text.

Services Requested

Type of Services Requested: Choose an item.

Content of Services Requested:
(check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Blood Pressure | <input type="checkbox"/> Cancer | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Family Planning | <input type="checkbox"/> Hearing/Audiology | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Immunization | <input type="checkbox"/> Infant/Child Health | <input type="checkbox"/> Infectious Diseases |
| <input type="checkbox"/> Men's Health | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Nutrition |
| <input type="checkbox"/> Obesity/BMI | <input type="checkbox"/> Physical Activity | <input type="checkbox"/> STDs/HIV |
| <input type="checkbox"/> Women's Health | <input type="checkbox"/> Other (specify): | Click or tap here to enter text. |

Additional details: Click or tap here to enter text.

For Official Use Only

Location:	Choose an item.	
DOH programs able to participate in this event (check all that apply):	<input type="checkbox"/> Chronic Disease and Prevention <input type="checkbox"/> Communicable Diseases <input type="checkbox"/> Community Services	<input type="checkbox"/> Immunizations <input type="checkbox"/> Infant and Toddlers <input type="checkbox"/> Maternal and Child Health
List Names of Program Staff to Participate: Click or tap here to enter text.	<input type="checkbox"/> Epidemiology <input type="checkbox"/> Environmental Health <input type="checkbox"/> Family Planning	<input type="checkbox"/> Mental Health, Alcoholism, and Drug Dependency <input type="checkbox"/> Public Health Preparedness <input type="checkbox"/> WIC
Location:	Choose an item.	
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Health screening van available (if requested):	Choose an item.	