

2021 Screening Request Form

Wellmobile



The UnityPoint Health - Wellmobile is a consumer education program designed to promote healthier living in our community. It brings free or low-cost screenings throughout Central Illinois.

In order for our visit to go smoothly, we require the hosting facility to provide ample space with three 8-foot tables, 6-10 chairs, trash can and electrical outlets. We also require you to complete and agree to our planning checklist prior to your event.

Name of Business _____

Screening Location Address _____

Mailing Address for Correspondence _____

Contact Name _____ Contact Phone _____

Contact Email Address _____

Date/Time of Interest _____ Est. # of Participants _____ Is there a fee for entry to your event? ___Y___N

Please select from the following standard screenings:

BLOOD PRESSURE BLOOD GLUCOSE & CHOLESTEROL PULSE OXIMETRY SPIROMETRY

Free additional screenings available through our Sponsors.

Please mark the appropriate boxes below indicating your interest. *Sponsor approval is required for each screening marked.*

ILLINOIS EYE CENTER

- Free Glaucoma Screening (*no dilation required*)
- Visual Acuity Tests (*no dilation required*)
- Information about IEC Vision Care Plan for employers not currently offering vision care insurance plans to their employees

REDBRAND CREDIT UNION

- Do's and Donuts of Financial Wellness
Free Financial Checkup

JOSEPH HEALTH GROUP

- Trigger Point Massage
- Lunch & Learns (various topics and lunch included)
- Medical opinion on options to help eliminate your pain (including migraines)
- Information on reversing Type 2 Diabetes
- Learn if you are a candidate for Regenerative Medicine (including Stem Cell & PRP for Arthritic Pain)

IMPORTANT INFORMATION AND CONTINGENCIES: We reserve the right to issue periodic pandemic or health and safety guidelines which may change from time-to-time and may be based on by CDC and IDPH guidance. Your submission of this form constitutes your agreement to abide by such guidelines. Your requested event is subject to change based on factors including, but not limited to weather, pandemic or health and safety guidelines and/or mandates. We reserve the right to cancel for any reason, including but not limited to health and safety related and pandemic-related circumstances.

X SIGNATURE OF AGREEMENT _____ **DATE** _____

HERE'S WHAT TO DO NEXT:

Please complete this request form & mail or email to >>>>

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(OFFICE USE ONLY) Date & Time Confirmed ___Y___N Location Checklist Completed ___Y___N

Serving our community with the support of:

