

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

DIAGNOSTIC VASCULAR TESTING, INC.

- Stroke Screening*
- Aneurysm Screening*
- PAD – Peripheral Arterial Disease Screening*

*One screening - \$49 participant fee
Two Screenings - \$89 participant fee
Three Screenings - \$129 per participant

- Body Composition Analysis - \$20 participant fee

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:

