

HEALTH SCREENING INFORMATION

For lay personnel enrolled in the Conference Health Insurance Plan and all clergy families

Please complete and return even if not participating in the Health Screening at Annual Conference.

Clergy Clergy Spouse ministry candidate/student
 Retired Clergy Retired Clergy Laity with conference health insurance

Women: Have you had a mammogram between June 2007 and June 2008? Yes No

At a clinic or Hospital Any treatment? _____

If your mammogram was before June 2007, when was your last one? _____

Are you currently under a doctor=s care for a medical condition? Yes No

If yes, what? _____

If you are currently taking prescription medication, please name: _____

Name: _____ Sex: _____ Birthdate: _____

Address: (after June 23, 2008)

Street: _____

City: _____ Zip _____

Phone:

Home: _____ Office: _____

If you are participating in the Health Screening please select one of the following times.

Friday, June 6

5:30-6:30 am 6:30-7:30 am 7:30-8:15 am

Saturday, June 7

5:30-6:30 am 6:30-7:30 am 7:30-8:15 am

DO NOT EAT OR DRINK ANYTHING FOR 12 HOURS BEFORE YOUR TEST TIME

Return this sheet to Kae Tritle
by **May 23** 1613 NW 90th Ct.
Clive, Iowa 50325

Or e-mail the info to:
bktritle@msn.com