

HEALTH SCREENING INFORMATION

For lay personnel enrolled in the Conference Health Insurance Plan and all clergy families including those not with the Conference Health insurance

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

___ Clergy ___ Clergy Spouse ___ Ministry candidate/student
___ Retired Clergy ___ Retired Spouse ___ Laity with conference health insurance

Women: When was your last mammogram? Date: ___ Facility: _____

Town: _____ Treatment or recommendations: _____

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 24, 2019)

Street: _____

City: _____ Zip _____

Preferred Phone Number: _____

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

Saturday, June 8
___ 6:00-6:30 am ___ 6:30-7:30 am ___ 7:30-8:30 am
___ Not participating

Monday, June 10
___ 6:00-6:30 am ___ 6:30-7:30 am ___ 7:30-8:30 am

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

Return this sheet to: Kae Tritle
by May 27 63 Ashford Place
Iowa City, IA 52245

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