

Spring Health Fair 2026: Blood Panel Registration Form

Spring Health Fair 2026
 Saturday, April 11, 9:00 AM - 11:00 AM

Health Fair Blood Collection Dates/Time

- March 30 – April 3, 7:00 AM – 6:00 PM (*Fasting required for best results*)
 - April 6-10, 7:00 AM – 6:00 PM (*Fasting required for best results*)

Take advantage of blood draws at a significantly reduced price. All blood screening participants must be **18 years or older**. No blood draws performed at the Health Fair. **All blood draws must be done prior to the health fair between March 30 – April 3 and April 6-10, 7:00 a.m. to 6:00 p.m.** No clinic appointment is necessary for the blood collections. **Payment must be collected at the time of visit.** You may retrieve lab results at the health fair, along with a free provider consultation. If you are unable to attend the health fair, your results will be mailed to you after April 11.

Health Fair Blood Panel Fees (*Fasting required for best results*)

TYPE	DESCRIPTION	FEE	TOTAL
<input type="radio"/> Health Fair Blood Panel	Includes <i>Complete Blood Count (CBC), Comprehensive Metabolic Profile (CMP), Lipid Panel (Cholesterol, Triglyceride, HDL and Calculated LDL)</i>	\$50	
Choose an individual test or add it to the Health Fair Blood Panel if not included			
<input type="radio"/> Hemoglobin A1C	Diabetes Screening	\$15	
<input type="radio"/> TSH Thyroid Screening	Measures the amount of thyroid stimulating hormone	\$20	
<input type="radio"/> PSA Prostate Screening	Measures the level of prostate specific antigen	\$20	
<input type="radio"/> Comprehensive Metabolic Profile*	Measures electrolytes, kidney function, glucose level, liver function	\$20	
<input type="radio"/> Complete Blood Count (CBC)*	Measures many different parts and features of your blood	\$15	
<input type="radio"/> Lipid Panel*	Includes cholesterol, triglyceride, HDL and calculated LDL	\$15	
GRAND TOTAL			

* *These individual tests are included in Health Fair Blood Panel*

I recognize Roosevelt General Hospital, employees and volunteers assume no liability for my health. These tests are being taken of my own free will. I assume all responsibility and liability for these procedures, interpretations, and conclusions, which are involved in this wellness screening. All wellness-screening results will only be provided to me, and it is my responsibility to present these results to my primary care provider for follow-up and treatment, if necessary. Wellness medical tests are for screening purposes only and should not be considered as a substitute for a complete physical examination.

I acknowledge that I have read the above statements, had the opportunity to ask questions regarding the wellness medical screenings, and had all my questions answered prior to my signing of this liability waiver.

Signature _____
 Date _____
 DOB _____ Male Female
 Email _____
 Phone Number _____

Please print legibly this form may be mailed.

Name _____
 Address _____
 City _____ State _____ Zip _____

Thank you for allowing us to care for you!