

Lee County Health Department Information Request Form

Request Received on _____
Requested Fulfillment Date _____

Contact Person: _____ Name of Organization: _____

Street Address: _____ City: _____ Zip code: _____ State: _____

Telephone: _____ Fax: _____ E-mail: _____

Requested Topic(s)

- | | |
|--|---|
| <input type="checkbox"/> Adult Health | <input type="checkbox"/> Communicable Disease |
| <input type="checkbox"/> Child Health/Immunizations | <input type="checkbox"/> Environmental Health |
| <input type="checkbox"/> Maternal Health | <input type="checkbox"/> Animal Services |
| <input type="checkbox"/> Pregnancy Care Management (PCM) and/or Case Management for At-Risk Children (CMARC) | <input type="checkbox"/> Public Health Preparedness |
| <input type="checkbox"/> Family Planning | <input type="checkbox"/> General Nutrition and/or Physical Activity |
| <input type="checkbox"/> North Carolina Breast and Cervical Cancer Control Program (NC BCCCP) | <input type="checkbox"/> Health or Resource Fair(s) |
| <input type="checkbox"/> STI and/or HIV AIDS | <input type="checkbox"/> Women, Infants, and Children (WIC) Program |
| | <input type="checkbox"/> Teen Pregnancy Prevention |

Priority Audience

- | | |
|---|--|
| <input type="checkbox"/> Press | <input type="checkbox"/> Community Organization(s) |
| <input type="checkbox"/> General Public | <input type="checkbox"/> Other (please specify): _____ |

Demographics of Priority Audience

Age (range): _____

Gender: _____

Race/Ethnicity: _____

Brief Description of Request

How will information be used?

Special Considerations

CHEP USE ONLY

Date Request Filled: _____

Filled by: _____

Additional Comments

