

Lee County Health Department Presentation/Educational Request Form

Request Received on _____
Requested Fulfillment Date _____

Contact Person: _____ Name of Organization: _____
Street Address: _____ City: _____ Zip code: _____ State: _____
Telephone: _____ Fax: _____ E-mail: _____

If Applicable:

Teacher/Educator's Name: _____ Phone: _____ Email: _____
Subject/Classroom: _____ Class Size: _____ School: _____

Requested Topic(s)

- | | |
|--|--|
| <input type="checkbox"/> Adult or Elder Health | <input type="checkbox"/> Communicable Disease |
| <input type="checkbox"/> Adolescent or Child Health | <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"/> Mental Health Services, Substance Use Disorder and/or Opioid Abuse | <input type="checkbox"/> Women, Infants, and Children (WIC) Program |
| <input type="checkbox"/> STI and/or HIV AIDS | <input type="checkbox"/> Teen Pregnancy Prevention |
| | <input type="checkbox"/> Diabetes Prevention |
| | <input type="checkbox"/> Tobacco and e-Nicotine Prevention and Cessation |

Priority Audience

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Adults | <input type="checkbox"/> Elders (55+) |
| <input type="checkbox"/> Children | <input type="checkbox"/> Agency Training |
| <input type="checkbox"/> Teens | <input type="checkbox"/> Other (please specify): _____ |

Demographics of Priority Audience

Age (range): _____ Gender: _____ Race/Ethnicity: _____

Brief Description of Request

Special Considerations

CHEP USE ONLY

Date Request Filled: _____

Filled by: _____

Additional Comments

