

Health Promotion Affiliates

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Request Form

Date:	Date(s) Requested:
Account Name:	Time(s) Requested:
Address:	Arrival Time:
Location to report:	Main Phone:
Contact(s):	Contact Phone:
Number of employees in company:	Fax:
Number expected to attend screening or seminar:	E-mail:

Screenings:

- Biodots (for stress) Blood Pressure Body Fat Bone Density
 Hand Grip Hearing Hip/Height/Weight/BMI
 Vision Seated Massage Sun Screening Carbon Monoxide
 Pulmonary Function Testing Other (Please Specify) _____

Finger Stick:

- Cholesterol Cholesterol/HDL Cholesterol/Glucose
 Cholesterol/HDL/ Glucose Lipid Profile Lipid Profile with Glucose Glucose

Computer Profiles:

- Fitness Healthy Heart Lifestyle
 Nutrition Stress Cancer Women's Health

Shots:

- Flu Shots Tetanus Shots Hepatitis B shots (3) TB tests

Seminars/Demonstrations:

- Nutrition seminar Cooking Demo
 Stress Mgmt. Seminar Yoga Class Tai Chi Class
 Exercise Ergonomics Back Care
 Reiki Acupuncture Alternative Medicine Seminar
 Smoking Cessation CPR Training/ First Aid Training
 Other (Please Specify) _____

Directions/Parking/MBTA information:

(Important: please fax with this request form)

Billing Information:

Please note: Reimbursement for travel is Federal Reimbursement Rate. In addition to the mileage charge over 100 mi. \$50.00 travel time. Over 150 mi.-199mi = \$75.00 travel time. Over 200 mi. = \$100.00 travel time.

Company:	Cost Center:
Contact Name:	Fax:
Address:	Email:
Phone:	

72 hours notice is necessary for cancellations except for weather emergencies.