



NON-DIAGNOSTIC GENERAL HEALTH ASSESSMENT REGISTRATION FORM

PART 2: ASSESSMENT PROGRAM

Complete a separate “Part 2: Assessment Program” for each assessment site. If you are registering or planning to register an additional site, only complete this portion of the application form

- Name of location where assessments are to be performed: _____
 Business Address: _____
 City: _____
 State: _____
 Zip Code: _____
 Business Phone: _____
 Fax Number: _____
- Dates and hours program will be operating at this location:

Date	Hours of Operation	Days of the Week

NOTE: Any alterations to date(s), time(s), and/or location(s) must be reported via written correspondence to the Santa Barbara County Public Health Laboratory at least 24 hours prior to the start of the program.

- Type of NGHHA test(s) to be conducted at the proposed location:

Designation (x)	Test	Equipment Name	Manufacturer
	Blood Glucose		
	Fecal Occult Blood		
	Hemoglobin		
	High-density lipoprotein (HDL)		
	Low-density lipoprotein (LDL)		

	Total Cholesterol		
	Triglycerides		
	Urinalysis (Dipstick UA)		
	Urine Pregnancy (Qualitative)		
	Other		
	Other		

4. List of employees: please list all employees who will participate in the testing portion of the program. Attach additional sheets if necessary.

Name and Title	Performing Skin Puncture (Yes/No)

[Click here to submit completed form to the Public Health Lab](#)