

INDIAN HEALTH CAMP OF NEW JERSEY
Presents a FREE Health Screening and Prevention Camp
Sunday May 4 and Saturday May 10, 2008

At

Hindu Temple & Cultural Society of USA, Inc.
Sri Venkateswara Temple (Balaji Mandir) and Community Center
780 Old Farm Road, Bridgewater, NJ 08807

With the blessing of Balaji, Indian Health Camp of New Jersey is proudly organizing a Health Screening and Prevention Camp for the people over the age 50 without medical insurance. The screening will be provided to the pre-registered participants only. **Deadline to submit this form is April 21, 2008.** Please note that this camp has two parts: Part-1 on Sunday, May 4, 2008 and Part-2 on Saturday, May 10, 2008. **The participant must be present at the camp on both days.**

Sunday, May 4, 2008

- 8am – 10:30 am: Blood Test (No blood testing after 10:30 am)
- 8:am – 3 pm: Electrocardiogram (EKG), Bone density screening, Eye examination

Note: 12 hours fasting is required for blood test. Continue all medications the day before and the day of the blood test. Bring all your medications with you on the day of physical examination. Breakfast will be provided after the blood test is completed.

Saturday, May 10, 2008 – 10 am – 3 pm:

- Physical examination, Review of blood test report, EKG interpretation and counseling, Heart disease screening,
- Cancer screening/prevention education, Dental screening

Please fill-out **one application per person** and include a deposit check of \$10.00 payable to Indian Health Camp of NJ and mail it on or before April 21, 2008 to:

Jitubhai Fadia, 1005 Robin Road, Hillsborough, NJ 08844

Please Do Not Send Completed Form to Balaji Temple

Please note that the \$10 deposit will be refunded only if the applicant is present on both days.

Free bus service will be provided for a group of 50 people or more from the same location.

For further information please contact Shirish Parekh at 908- 369-3001

Section 1: Patient Information

LAST NAME: _____ FIRST _____ MIDDLE _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Male _____ Female: _____

Date of Birth: _____ Age: _____ Social Security Number: _____

Section 2: Applicant's Signature is required.

I understand that the health camp is for screening only; IHCNJ will not be responsible for any treatment.

I also understand that Hindu Temple and Cultural Society of USA, Inc. (Balaji Mandir), IHCNJ and participating health care professionals and volunteers have no liability for any claim I may have now or in the future for this particular event. In addition, I understand that Balaji Mandir is not in any way affiliated with IHCNJ and is only providing the use of their facility for the camp. Balaji Mandir and IHCNJ are not responsible for any damage caused to any one.

Signature: _____

Date: _____