## DIVISION OF STUDENT AFFAIRS

## Student Health Screening and Community Outreach Approval Form

This form is required for all health screening events involving KGI students. The process ensures that KGI students are covered by the Institute's medical malpractice insurance. After completing the form, submit to the Division of Student Affairs via email at student_affairs@kgi.edu to receive approval.

- Submit this form no less than six weeks before your proposed event.


## Required Documentation to Submit After the Event

To be uploaded into this Box folder within two weeks of the event:

1. Patient documentation includes a photo release form, liability form, and screening form (screening forms are based on each organizations' event.
2. Enter patient data onto the KGI Health Fairs spreadsheet, includes number of patients, A1C, cholesterol/blood pressure, and glucose tests.

## KGI Information

Class/Club Organizing Event
Primary Student Contact/Organizer
KGI Student Email
Faculty Advisor Name

## Health Professional(s) Overseeing Event

Must be a KGI Faculty or Preceptor and licensed in the State of California.

| Full Name of KGI <br> Faculty/Preceptor | Email Address | License <br> Number | Signature |
| :--- | :--- | :--- | :--- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## If Providing Vaccines:

Person providing the on-site EpiPen?
Who is supplying the vaccines?
San Bernardino Co
L.A. CO
Other
Clinician has a California Immunization Registry (CAIR) Iogin?
Yes No

Name of clinician responsible for entering in to cairweb.org (a KGI requirement):

## Event Date and Location

| Event Name <br> Date | Start Time |  | End Time |  |
| :--- | :---: | :--- | :--- | :--- |
| Building/Location |  |  |  |  |
| Address |  | City |  | State |

## Event Description

Event Type Types of Screenings

Description of Event
Sponsorships
Additional Notes

## Primary Language of Participants

$\square$ English $\square$ Spanish $\square$ Vietnamese $\square$ Chinese $\square$ Korean $\square$ Other

## Estimated Number of Participants

Adults
Children

## Community Organizer's Information

Contact Name $\square$ Email $\square$ Phone | Em |
| :--- |

If the event is not held on KGI campus, please indicate the contact person responsible for the event.

## Organization Name

By signing below, the advisor has given their approval on the event and all information on this form. Student Affairs will notify the organizer and faculty advisor when the event has been approved. The event should not be publicized until final approval is granted.

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Faculty Advisor Signature Date
Division of Student Affairs Signature
Date
```

After the event is approved, organizations can obtain materials to use from the KGI Student Government Community Health Fair Chest. This program was created in order for students to rent out equipment to be utilized for health fairs.

If you need to borrow equipment and/or materials for your event, please complete this supply request form.
If you have any questions regarding this program, please contact Student Government via email at studentgovernment@kgi.edu.

