

# Rutherford County Health Department

## Health Education Outreach Request

Agency Name: \_\_\_\_\_

Agency Contact: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Program/ Event Title: \_\_\_\_\_

Event Location Address: \_\_\_\_\_

Date of Event or Program: \_\_\_\_\_ Expected Attendance: \_\_\_\_\_

Setup Time: \_\_\_\_\_ Start Time: \_\_\_\_\_ Breakdown Time: \_\_\_\_\_

Please select a topic for your event:

- |   |  |
|---|--|
| <input type="checkbox"/> Hospital Associated Infections   | <input type="checkbox"/> Substance Use and Abuse |
| <input type="checkbox"/> Immunizations                    | <input type="checkbox"/> Suicide Prevention      |
| <input type="checkbox"/> Infant Mortality                 | <input type="checkbox"/> Teen Pregnancy          |
| <input type="checkbox"/> Obesity                          | <input type="checkbox"/> Tobacco                 |
| <input type="checkbox"/> Occupational Injuries/Fatalities | <input type="checkbox"/> Other: _____            |

### Program Summary

Activity: \_\_\_\_\_

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Objective for Event or Program (What are you working to improve? Broad, long-term):

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