

2014 Fall Health Fair Screenings:

CBS-COMPREHENSIVE BLOOD SCREENING — \$35

Requires a 10-hour fast. Checks for anemia, infection, diabetes; measures HDL, LDL, triglycerides & cholesterol levels; and screens thyroid, liver and kidney function.

VITAMIN D BLOOD SCREENING — \$15

Normal Vitamin D levels may be important for immune function, cancer prevention & osteoporosis treatment.

PSA-PROSTATE CANCER BLOOD SCREENING — \$10

For men. Does not require a fast.

HEMOGLOBIN A1C BLOOD SCREENING — \$10

For those with blood sugar issues. Indicates if current treatment measures are working to prevent organ damage.

COLORECTAL CANCER SCREENING KITS — \$5

Items for at-home screening (while they last). 3 samples per kit.

BONE DENSITY HEEL SCREENING — \$5 (Not at HealthPlex)

Recommended every other year. Measures bone mineral density of the heel to calculate the risk of osteoporosis in women & men.

For the benefit of the community, the following screenings are **FREE**: (offered at the first 4 fairs only, not at HealthPlex)

- Pulmonary Function Screening
- Body Composition Analysis
- Blood Sugar Fingerstick
- Blood Pressure Check

DONATE UNNEEDED WIGS, HATS, SCARVES & EYEGLASSES.

**BETTER HEALTH
FOR A BRIGHTER
TOMORROW**

**HEALTH
FAIR**
Screenings



**St. Joseph's
Hospital Breese**

Join us between 6 & 10 a.m. at the following locations:

Breese KC Hall
THU, OCT 2

HealthPlex, Breese
FRI, NOV 21 (limited)

Germantown Legion Hall
WED, OCT 15

Carlyle KC Hall
TUE, OCT 28

Trenton First United Methodist
TUE, NOV 4

Preregistration is NOT necessary but may reduce your wait. Forms (due to the hospital one week before the event you are attending in order to be processed) may be available at Clinton County Public Libraries, Super Valu stores, the HealthPlex, in local newspapers, and on the hospital's homepage stjoebreese.com. Questions? Contact Marketing at sjb.healthfair@hshs.org or **(618) 526-5698**

PLEASE JOIN US at one of the St. Joseph's Hospital Fall Health Fair Screenings between 6:00 and 10:00 a.m. at: Breese KC Hall-Thu, Oct 2; Germantown Legion-Wed, Oct 15; Carlyle KC Hall-Tue, Oct 28; or Trenton First United Methodist Church, Tue, Nov 4. We will also offer limited screenings — blood draws only — on Fri, Nov 21, from 6:00 to 10:00 a.m. at the HealthPlex just north of the hospital in Breese.

Register at the Fair, or to preregister, submit the form below to the hospital one week before the Fair you plan to attend. Admission is free. Screening fees can be paid now or at the Health Fair. As soon as the blood test results are processed, one copy will be mailed to the address you supply (plan on two weeks — if you haven't received results in one month, please call).

To benefit the community, we have reduced the price of many screenings (see below). We will continue to offer FREE blood pressure checks and diabetes finger sticks, and now our body composition calculations and pulmonary function tests are free too. Don't forget your unneeded eye glasses for the Lion's drop box, as well as wigs, hats and scarves for the Cancer Care Closet.

If registering more than one person, attach the requested information on another sheet or download a form at www.stjoebreese.com. Sorry, we do not schedule screenings by appointment. Data derived from screenings/lab tests requires correlation by a physician for interpretation. Results do not constitute a medical diagnosis. It is your responsibility to follow up with a doctor. Medicare will NOT reimburse Health Fair fees.



2014 FALL HEALTH FAIR PREREGISTRATION

DO NOT BRING THIS FORM TO THE FAIR. IT MUST BE PROCESSED 1 WEEK IN ADVANCE TO REDUCE YOUR WAIT. Preregistration is requested but not required. To preregister, bring this form to the hospital or HealthPlex desk, fax it to (618) 526-1404, mail it to "Health Fair Screenings, St. Joseph's Hospital, PO Box 99, Breese, IL 62230" or email the info to sjb.healthfair@hshs.org. **Please print.** Mark the date on your calendar—you will not receive a confirmation. Call (618) 526-5698 with questions.

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____ BIRTH DATE ____/____/____
 MAILING ADDRESS _____ CITY _____ ST _____ ZIP _____ SEX: ☐ M ☐ F
 PHONE NUMBER _____ DO YOU HAVE A PRIMARY CARE PHYSICIAN? ☐ Yes ☐ No DO YOU PLAN TO FOLLOW UP WITH A PHYSICIAN WITH SCREENING RESULTS? ☐ Yes ☐ No
 WHEN AVAILABLE, WOULD YOU LIKE TO RECEIVE HEALTH EVENT INFO BY EMAIL? ☐ Yes IF YES, EMAIL ADDRESS _____ ☐ No

CHECK THE FAIR YOU PLAN TO ATTEND BETWEEN 6:00 & 10:00 AM:

☐ **THU-OCT 2 BREESE**
Knights of Columbus
480 N Walnut St

☐ **WED-OCT 15 GERMANTOWN**
Legion Hall
1105 Sycamore St

☐ **TUE-OCT 28 CARLYLE**
Knights of Columbus
1471 Fairfax St

☐ **TUE-NOV 4 TRENTON**
1st United Methodist Church, Old Rt 50

☐ **FRI-NOV 21* HEALTHPLEX**
St. Joseph's Hospital
14160 Jamestown Rd
*BLOOD DRAWS ONLY
DOWNLOAD MORE FORMS AT
stjoebreese.com

X	FEE	HELP US PREPARE BY MARKING THE FEE SERVICES YOU WISH TO RECEIVE:	
	\$35	CBS (COMPREHENSIVE BLOOD SCREENING) — REQUIRES 10 HOUR FAST. Screens for anemia, infection & diabetes; measures cholesterol levels; checks thyroid, liver & kidney function.	BLOOD DRAWS
	\$15	VITAMIN D — A general screening taken from your blood sample. Normal levels may be important for immune function, cancer prevention and osteoporosis treatment.	
	\$10	PSA (PROSTATE SPECIFIC ANTIGEN) — MEN ONLY. The doctor uses this blood test result in conjunction with an exam to screen men for prostate cancer.	
	\$10	HEMOGLOBIN A1C — FOR THOSE WITH/AT-RISK FOR DIABETES. This blood screening indicates if treatment measures are working to prevent organ damage.	
	\$5	BONE DENSITY HEEL SCREENING — RECOMMENDED EVERY OTHER YEAR. Osteoporosis screening for women and men. Requires you to remove a shoe and sock.	NOT AT HEALTHPLEX
	\$5	COLON CANCER SCREENING KITS — Contains everything you need to collect the three recommended samples for this AT HOME screening.	
	Free	PULMONARY FUNCTION & PULSE OX SCREENINGS — Measures lung capacity/blood oxygen levels.	
	Free	BODY COMPOSITION TEST — Calculates the percentage of fat in your body.	
CASH, CHECKS & CREDIT CARDS WILL BE ACCEPTED AT THE FAIR OR PREPAY WITH THIS FORM. DO NOT PREPAY CASH.			
Payment options: <input type="checkbox"/> PAY AT FAIR or <input type="checkbox"/> PREPAY AMOUNT \$ _____ <input type="checkbox"/> CHECK ENCLOSED # _____			
or <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> DISC <input type="checkbox"/> AMEX Name on card _____			
Act # _____ Exp Date _____ Sec Code _____			