

INDIAN HEALTH CAMP OF NEW JERSEY (IHCNJ)

Presents a FREE Health Screening and Prevention Fair in collaboration with

Shree Swaminarayan Temple at

200 Penhorn Avenue, Secaucus, NJ 07094 – 201-325-0510

With the blessings of Shree Muktajeevan Swamibapa, Indian Health Camp of New Jersey in collaboration with Shree Swaminarayan Temple, Secaucus, NJ is proudly organizing a Health Screening and Disease Prevention Fair for the people over age 40 without medical insurance. **If you are younger than 40, you are not eligible to participate.**

Sunday, November 18, 2018, 8:30 a.m. to 1:00 p.m.

- Basic blood test, electrocardiogram (EKG), eye examination, physical examination, cardiac evaluation and counseling, cancer screening/prevention and education, dental screening, mental health screening, physical therapy, pharmacy and dietary counseling, flu vaccine and other ancillary services.

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 at the health camp. Breakfast will be provided after the blood test is completed.

The screening will be provided to the pre-registered participants **only if the application is received at the mailbox address** no later than **November 9, 2018**. Please fill-out one application form per person and include a refundable deposit check of \$10.00 per applicant payable to IHCNJ and mail to:

IHCNJ, P.O. Box 5686, Hillsborough, NJ 08844

Please note that the \$10 deposit can be refunded only if the applicant is present on the day of the camp.

For further information please contact: Mahendra Patel – 201-403-7015

Navin Merai – 908-616-2380 or Dr. Tushar Patel - 848-391-0499

Visit our website at www.IHCNJ.org or contact tpatel434@yahoo.com.

Section 1: Patient Information (USE CAPITAL LETTERS ONLY)

LAST NAME: _____ FIRST _____ MIDDLE _____

Email _____ (Mandatory to get a confirmation number via e-mail)

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

Phone: _____

Date of Birth: _____ Age: _____ Male _____ Female: _____ SSN: _____
(mm/dd/yyyy)

Section 2: Applicant's Signature is required

I understand that this health fair is for screening and counseling only. IHCNJ and Shree Swaminarayan Temple will not be responsible for any treatment. I also understand that Shree Swaminarayan Temple, IHCNJ, laboratory, participating health care professionals, organizations and volunteers have no liability for any damage and none of them are responsible for any malpractice occurrence for this particular event. In addition, I understand that Shree Swaminarayan Temple is not in any way affiliated with IHCNJ and is only providing use of their facility for the health camp screening for this day. If you receive someone else's blood test report by mistake, you are responsible to notify the management and discard the report as soon as possible.

Signature: _____

Date: _____