

# Indian Health Camp of New Jersey (IHCNJ)

Presents a FREE Health Screening and Prevention Camp in collaboration with  
**Shree Swaminarayan Temple, Weehawken (SST-W)**  
4 Louisa Place, Weehawken, NJ 07087

With the blessings of Bhagwan Shree Swaminarayan, IHCNJ in collaboration with the SST-W 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, May 20, 2018, 8:30 a.m. to 1:00 p.m.**  
**4 Louisa Place, Weehawken, NJ 07087**

*Basic blood test • electrocardiogram (EKG) • cardiac evaluation and counseling • physical examination • eye examination • cancer screening/prevention and education • dental screening, physical therapy • pharmacy and dietary counseling 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. Light lunch will be served.

The screening will be provided to the pre-registered participants **only if the application is received at the mailbox address no later than Thursday, May 10, 2018.** Please fill-out **online** 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 will be refunded only if the applicant is present on the day of the camp.

**For further information, please contact: *Hetal Bhavsar* – 845-292-2119**

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

**Visit our website at [www.IHCNJ.org](http://www.IHCNJ.org) or contact [tpatel434@yahoo.com](mailto:tpatel434@yahoo.com).**

## **Section 1: Patient Information (USE CAPITAL LETTERS ONLY)**

LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_

Email: \_\_\_\_\_ (IHCNJ will send Reg. Confirmation at this email)

Phone: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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 SST-W will not be responsible for any treatment. I also understand that SST-W, IHCNJ, laboratory, participating health care professionals and volunteers have no liability for any damage nor any of them responsible for any malpractice claim for this particular event. In addition, I understand that the SST-W is not in any way affiliated with IHCNJ and is only providing use of their facility for the health camp screening for this day.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_