

# INDIAN HEALTH CAMP OF NEW JERSEY (IHCNJ)

Presents a FREE Health Screening and Prevention Camp in collaboration with

**Durga Mandir**

4240 Route 27, Princeton, NJ 08540, 609-683-4015

With the blessings of Goddess Durga, Indian Health Camp of New Jersey in collaboration with Durga Mandir, Princeton, 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, August 26, 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, 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.**

The screening will be provided to the pre-registered participants **only if the application is received at the mailbox address** no later than **August 15, 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 will be refunded only if the applicant is present on the day of the camp.

**For further information please contact: Mahesh Advani – 732-718-0099**

**Dr. Tushar Patel - 848-391-0499 or Shirish Parekh - 908-468-7829**

**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 \_\_\_\_\_ 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 Durga Mandir will not be responsible for any treatment. I also understand that Durga Mandir, 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 Durga Mandir 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: \_\_\_\_\_