

32ND ANNUAL COMMUNITY HEALTH FAIR & FAMILY FUN DAY

Grace Community Church
525 Glenn Avenue, WCH

JUNE 1, 2024

8 AM - 12 PM
Health Screenings
9 AM - 12 PM
Family Fun,
Outdoor Displays
12 PM - 1 PM
Columbus Zoo



Better Vision, Better Hope!

8 AM - 12 PM

Free eyeglasses for the uninsured, sponsored by Fayette County Public Health and Optique Family Vision Services

Appointments are full.
To get on the waitlist, scan the QR code at right.



SCHEDULE OF EVENTS

All events run until 12 p.m.

8 AM

- Height
- Weight
- Vision
- Hearing
- STD Screening
- Foot Screening
- Hand Care-Paraffin Wax Dip
- Blood Pressure
- Depression Screening
- Body Fat
- Skin Damage
- Developmental Milestones
- Balance Screening
- Drug Drop Off/Safety Net Tracking

9 AM

- Face Painting / Temporary Tattoos
- Emergency Vehicles
- Big Blue Bus/Little Blue Truck
- Board of DD Trailer

10 AM

- Photos with Super Heroes, Pokemon, Paw Patrol, and Belle
- Clowns/Balloon Animals (Shelter House)
- Food and Treats (Shelter House)
- Door Prizes (Drawing 10, 11, 11:45 AM)
- Obstacle Course
- Car Fit

10:30 AM

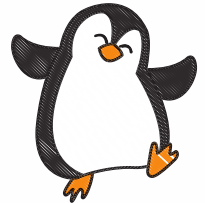
- Home Depot Kids Workshop (Shelter House)
- Honey Hill Farm Petting Zoo

11 AM

- MedFlight

12 PM

- Columbus Zoo



2024 Health Fair Pre-Registration For Bloodwork

Pre-registration: Send the form below and a check, payable to AFMC, 1430 Columbus Ave., WCH, OH 43160 (must be received by Wednesday, May 29, 2024) **Same Day Registration:** Must register by 11:00 a.m. day of the event.

Check desired tests, fast 8-10 hours prior to testing

- \$15 Basic Metabolic profile**
Includes: Glucose, BUN, Creatine, Sodium, Potassium, Chloride, CO & Calcium
- \$15 Hemoglobin A1C**
- \$15 Lipid Panel (Cholesterol)** *Please check the appropriate box*
- \$15 TSH (thyroid)**
- Free PSA Screening (men only)** PSA sponsored by Fayette County Cancer Foundation
- \$125 Women's Complete Panel (CBC, CMP, Lipid, TSH, Iron, A1C)**
- \$125 Men's Complete Panel (CBC, CMP, Lipid, TSH, PSA, A1C)**

In addition we will have Direct-to-Consumer Lab Testing Forms for other testing options not offered above.

Signature: _____

I hereby grant permission to the AFMC (Adena Fayette Medical Center) Staff to draw the lab work by venipuncture.

Name: _____

Address: _____

Phone: _____

Date of Birth: ___ / ___ / ___

You will receive a copy of your results in the mail. It is recommended that you provide a copy of these results to your physician.