

**FLEMING COUNTY HOSPITAL
ANNUAL HEALTH FAIR
Saturday, September 28, 2024**

Pre-Registration is recommended – deadline is Monday, September 16

One form per person, please.

Health Fair Registration Form

Name _____ SS# _____
(Legal name as it appears on your Driver's license)

Sex _____ Date of Birth _____ Phone: _____

Mailing Address _____

City _____ State _____ Zip _____

E-mail Address _____

To have copies of your results please sign up for our patient portal and you may take a copy to your physician.

Complete Blood Profile

Cholesterol, Liver Function, Kidney Function, Blood Sugar, Electrolytes and Calcium, Thyroid

DO NOT EAT OR DRINK FOR 12 HOURS PRIOR TO BLOOD TEST

COST: \$25.00

(COST APPLIES ONLY TO DAY OF HEALTH FAIR)



Please make check payable to: **Fleming County Hospital**

Please mail form and check to: **FLEMING COUNTY HOSPITAL
HEALTH FAIR/BETH ELLIS
55 FOUNDATION DRIVE
FLEMINGSBURG, KY 41041**