

Division of Health Promotion

Health Education Request Form

The Fulton County Board of Health (BOH) Division of Health Promotion (DHP) conducts Health Education sessions (by request) throughout Fulton County to support chronic disease prevention and promote existing programs and services available to Fulton County residents. Our availability to conduct Health Education sessions is contingent on the availability of staff and resources. Please complete and submit this form at least two (2) months prior to the event date. We will acknowledge the request within one (1) week of receipt. We will contact you to confirm or decline participation no later than one month before the event. Please email it to health.promotion@fultoncountyga.gov.

Please type or print clearly

Organization _____	Event Name _____
Event Date(s) _____	
Event Start Time _____ Event End Time _____	
Set-up Time _____ Break-down Time _____	
Facility Name _____	
Address _____ City _____ Zip Code _____	
Fulton County Commission District (Circle One) 1 2 3 4 5 6 7	
Will event be held indoors or outdoors? <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	
Describe Venue Set-up _____	
Expected Number of Attendees: <input type="checkbox"/> 1-50 <input type="checkbox"/> 51-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151-200 <input type="checkbox"/> >200	
How have you advertised for this event? _____	
Description of Target Population Being Served _____	
Health Education Topic Requested	
Stand Alone Classes (40-60 min each)	
<input type="checkbox"/> Healthy Eating: My Plate <input type="checkbox"/> Active Living/Exercise <input type="checkbox"/> Healthy Eating: Fast Foods <input type="checkbox"/> Healthy Eating, Healthy Beverages <input type="checkbox"/> Dangers of Smoking <input type="checkbox"/> Type 2 Diabetes – Are You at Risk?	
Class Series (multiple weeks = confirmation call will follow)	
<input type="checkbox"/> Chronic Disease Prevention (all 6 classes shown above) <input type="checkbox"/> Freedom From Smoking: for current smokers (8 sessions conducted in 7 weeks) <input type="checkbox"/> Diabetes Self-Management Program: for those with type 2 diabetes (6 sessions in 6 weeks). <input type="checkbox"/> Diabetes Prevention Program: for those at risk for type 2 diabetes (Weekly, biweekly, monthly sessions for 9-12 months)	
Requestor Information	
Coordinator Name _____	
Contact Phone Number _____	
Contact E-Mail _____	Fax Number _____
Official Use Only	
DHP Request(s)	
Chairs _____	Projector Screen _____
Projector _____	Wi-fi/Internet _____
Electricity _____	Television w/DVD player _____

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Date Received: _____
Approved: Yes <input type="checkbox"/> No <input type="checkbox"/> Signature: _____
Staff Assigned: 1) _____ 2) _____ 3) _____
Health Topics/Programs to Focus: _____
Sending Educational Materials: Yes <input type="checkbox"/> No <input type="checkbox"/>