

MEN'S HEALTH SCREENING DAY

[SCREENING DATE]

DATE

[SCREENING LOCATION]

LOCATION

ROUTING SLIP

NAME: _____

BIRTHDATE: _____ AGE: _____

(STAFF PLEASE INITIAL WHEN COMPLETED)

_____ EXAM APPOINTMENT

_____ LAB

_____ DIABETES EDUCATION FBS RESULTS _____

_____ EATING YOUR WAY TO HEALTH

_____ COLORECTAL CANCER EDUCATION

NOTE TO MEN:

PLEASE KEEP THIS FORM WITH YOU UNTIL YOU HAVE EVERYTHING
DONE, THEN GIVE IT TO **EVALUATION STATION** IN THE CAFETERIA.