



Public Health Laboratory

NON-DIAGNOSTIC GENERAL HEALTH ASSESSMENT ADDITIONAL EVENT/AMENDMENT July 1, 2021 through June 30, 2022

This amendment form must be completed and received by the San Bernardino County Public Health *Laboratory at least 14 days prior* to operation of a program of non-diagnostic general health assessment (NGHA).

Each set of amendments submitted is \$38. Make checks out to County of San Bernardino and mail to the Public Health Laboratory at the address above.

NAME OF ORGANIZATION: _____

A. Location where assessment is to be performed (complete a separate form for each location)

Name of location: _____

Permanent address: _____

City: _____ Zip code: _____

Business phone: () - _____ Fax: () - _____

B. Dates and hours program will be in operation at this location (attach additional sheets if necessary):

Date(s)	Hour(s)

NOTE: Any changes in times, dates or location must be reported in writing to the San Bernardino County Public Health Laboratory program office at least 24 hours prior to the operation of the program.

C. Check all non-diagnostic test(s) being conducted at this location:

Test	Equipment Name	Manufacturer
<input type="checkbox"/> Total Cholesterol		
<input type="checkbox"/> High Density Lipoprotein (HDL)		
<input type="checkbox"/> Low Density Lipoprotein (LDL)		
<input type="checkbox"/> Triglycerides		
<input type="checkbox"/> Blood Glucose		
<input type="checkbox"/> Hemoglobin		
<input type="checkbox"/> A1C		
<input type="checkbox"/> Other (please describe):		

D. List all employees for this location (attach additional sheets if necessary):

Name	Title	Authorized to perform skin puncture	
		Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

NOTE: Submit documentation of authorization to perform skin puncture for each individual checked "Yes" above.

FOR OFFICIAL USE ONLY

Approved by: _____ Date approved: _____ Reg. number: _____