



Cleveland Emergency Medical Service Community Education and Training Health Screening Registration Form



Important

Health Screening services are only offered within the City of Cleveland

Instructions: This is an interactive form. Fill in the information below. This form can be submitted via email attachment to EMSCommunityEdu@city.cleveland.oh.us , Fax: 216-420-8373, or printed and returned to:

City of Cleveland
Division of Emergency Medical Service
Attn: Community Education and Training
1701 Lakeside Ave
Cleveland, Ohio 44114

For questions regarding Health Screening Services, contact Community Education at (216) 664-2117 English / (216) 664-6010 Spanish or EMSCommunityEdu@city.cleveland.oh.us

Organization Information

Organization Name: _____

First Name: _____ Last Name: _____

Job Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Phone No: _____ Fax No: _____

Select the best day of the week for Health Screening Services to be provided at your organization:

Mon Tues Wed Thurs Fri

Select the best time of day for Health Screening Services to be provided at your organization:

Time: _____ AM PM