

Chinese Community Health and Resource Fair

For your convenience, please PRE-REGISTER the Flu shot and the free blood test at the Health Fair, and send this form and \$10 registration fee/person to the address in below. Check is payable to CAAV. The blood test form will be mail to you directly after we received your registration fee and pre-registration form, or you could walk in to fill the pre-registration form and pay the \$10 registration fee and get your blood test order at Annandale High School, 4700 Medford Drive, Annandale, VA 22003-5443 on Sunday Nov. 6 and Nov. 13 from 1:00 to 4:00pm.

为了您的方便，请您**预先登记**华人社区健康服务日您所希望得到的服务，其中包括抽血检查。现请将下表填写好并每人\$10注册检查费用寄到以下的地址，支票请开给CAAV。登记时每人需填写一份表格。抽血的表格将会在收到申请表格和注册费后邮寄给申请者；或于十一月六日或十三日下午到希望中文学校北维校区, Annandale高中，填写申请表，交注册费，并领取抽血检查单。

Please mail form and check to:

Chinese American Association in Virginia (CAAV)
3996 Briary Way
Fairfax, VA 22031

Chinese Community Health Fair Pre-Registration Form

Name (姓名) _____ Age (年龄) _____ Sex (性别) _____

Date of Birth (出生年月日) _____ Phone: (电话) _____

Mailing Address (家庭住址) _____

City (城市) _____ State (州) _____ Zip (邮编) _____

E-mail (电子信箱) _____

All the blood draw must be done by Nov. 11, 2011
所有的抽血检查必须在十一月十一日前完成

Please note: Fasting for 4-6 hours before blood draw is required.

请特别注意：抽血检查前必须空腹4—6小时。

Type of Test

- Hepatitis B Surface Antibody** (乙型肝炎表面抗体的检测)
- Hepatitis B Surface Antigen** (乙型肝炎表面抗原的检测)
- Lipid Profile** (血脂的检查)
- Glucose** (血糖的检查)
- Flu Shot (\$15 standard flu shot – ages 18 and over only)** (流感疫苗注射)

Lab location (SOLSTAS PATIENT SERVICE) (抽血检查中心地址)

1. Solstas Lab Partners 703-237-0270, 6400 Arlington BLVD, Suite # 940, Falls Church, Virginia 22042 (Free parking)

2. Solstas Lab Partners 703-671-3001, 611 Carlin Spring Rd #412, Arlington, VA 22204 (\$4 – Parking)

Medical Screening/Vaccination Consent Release and Waiver of Liability for Participants

接受健康检测及预防注射同意書

Consent Release and Waiver of Liability: I hereby consent release, waive and hold harmless The Hepatitis B Initiative of Washington D.C., Chinese American Medical Society Mid-Atlantic Chapter, Virginia Dept of Health and Human Services, CCCAA Coordination Council of Chinese American Associations, Fairfax County and its agents, employees and members, screening and vaccinating physicians and all other health care personnel involved in the screening and vaccination process from any and all claims, suits, losses or causes of action arising from or associated with this screening and vaccination, including but not limited to, performance of the screening, evaluation and communication of screening results and effectiveness and administration of vaccinations. I have read the foregoing carefully and agree to the terms herein.

释放责任和赔偿弃权: 我谨此释放对维州华人协会, 希望中文學校北維校區, The Hepatitis B Initiative of Washington; D.C., Chinese American Medical Society Mid-Atlantic Chapter, Fairfax County 及各协办单位及其代理人、雇员, 会员, 检测及注射之医生和所有其他参与检测及预防注射之医护人员对一切有关抽血, 流感疫苗注射及检验乙型肝炎和预防注射的责任、包括但不只限于检验的性能, 检验结果的鉴定和传达, 以及预防注射的有效性和疫苗管理, 并对所有因接受此项检测及预防注射而引起的损失放弃一切诉讼和要求赔偿行为。我已详读并同意以上各项说明和条款。

Signature 签名 _____

Print Name 姓名 (正楷) _____

Date 日期 _____