**Lehigh University HealthScan *Plus***

**September 12, 13, 14, 15 and 16, 2016**

**Please return to Human Resources no later than Wednesday, August 31, 2016**

***All Fields Are Required***

Name:

Department & Address:

Extension:       Birthdate:

Home Address (include city, state, zip):

Cell Phone Number:

Spouse’s Name **(if interested):**       Spouse’s Birthdate:

Please indicate your choice of days:

\_\_\_9/12/2016 \_\_\_9/13/2016 \_\_\_9/14/2016 \_\_\_9/15/2016 \_\_\_9/16/2016

Please indicate two choices for testing:

\_\_\_6:30 a.m. \_\_\_6:45 a.m. \_\_\_7:00 a.m. \_\_\_7:15 a.m. \_\_\_7:30 a.m.

\_\_\_7:45 a.m. \_\_\_8:00 a.m. \_\_\_8:15 a.m. \_\_\_8:30 a.m. \_\_\_8:45 a.m.

\_\_\_9:00 a.m. \_\_\_9:15 a.m. \_\_\_9:30 a.m. \_\_\_9:45 a.m.

Please indicate your spouse’s choice of days: **(There is a $55 charge for spouses/partners)**

\_\_\_9/12/2016 \_\_\_9/13/2016 \_\_\_9/14/2016 \_\_\_9/15/2016 \_\_\_9/16/2016

Please indicate two choices for testing for your spouse:

\_\_\_6:30 a.m. \_\_\_6:45 a.m. \_\_\_7:00 a.m. \_\_\_7:15 a.m. \_\_\_7:30 a.m.

\_\_\_7:45 a.m. \_\_\_8:00 a.m. \_\_\_8:15 a.m. \_\_\_8:30 a.m. \_\_\_8:45 a.m.

\_\_\_9:00 a.m. \_\_\_9:15 a.m. \_\_\_9:30 a.m. \_\_\_9:45 a.m.

I would like: TSH \_\_ PSA (Males) \_\_ Vitamin D\_\_ ***($10 for each test)***

My Spouse would like: TSH \_\_ PSA (Males) \_\_ Vitamin D\_\_ ***($10 for each test)***

**Return to:**

**Mary Jo McNulty**

**Human Resources**

**428 Brodhead Avenue**