CITY OF CLEVELAND
Mayor Frank G. Jackson

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

Cleveland EMS
EMERGENCY MEDICAL SERVICE

Important
Health Screening services are only offered within the City of Cleveland

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Instructions: This is an interactive form. Fill in the information below. This form can be submited 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) 664-2020 Ext. 257 or EMSCommunityEdu@city.cleveland.oh.us

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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

(Revised 11/2011)