

**INDIAN HEALTH CAMP OF NEW JERSEY**  
**Presents a FREE Health Screening and Prevention Camp at**  
**Shree Swaminarayan Temple, Secaucus**  
**200 Penhorn Avenue, Secaucus, NJ 07094**  
**201-325-0510**

With the blessing His Divine Holiness Acharya Swamishree Purushottampriyadasji Maharaj, Indian Health Camp of New Jersey is proudly organizing a Health Screening and Disease Prevention Camp for the people between the ages of 45 and 64 without medical insurance. No one below age 45 is eligible to participate. People age 65 and over are qualified only if they do not have Medicaid or Medicare. The screening will be provided to the pre-registered participants only, if the application is received by **November 4, 2011**.

**Sunday, November 13, 2011, 8:30 a.m. to 1:00 p.m.**

- **Electrocardiogram (EKG), Eye examination, Physical examination, review of EKG and counseling, Heart disease screening, Cancer screening/prevention education, Dental screening, Physical therapy, Dietary counseling and Pharmacy counseling.**  
**\*\*\*\*\*Flu shots will be given with minor fees.\*\*\*\*\***

**Note: 12 hours fasting is required for blood test. Continue all medications the day before and the day of the blood test. Bring all your medications with you at the health camp. Breakfast will be provided after the blood test is completed.**

Please fill-out one application per person and include a refundable check of \$10.00 per applicant payable to IHCNJ and it mail to:

**IHCNJ, P.O. Box 5686, Hillsborough, NJ 08844**

Please note that the \$10 deposit will be refunded only if the applicant is present on screening day.

For further information please contact:

Navin Merai – 908-616-2380, Mahendra Patel – 201-403-7015, Dr. Tushar Patel – 848-391-0499 or

Visit our website at [www.IHCNJ.org](http://www.IHCNJ.org) for more information.

**Section 1: Patient Information:**

LAST NAME: \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-Mail - (Please PRINT): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_ Male \_\_\_ Female: \_\_ SSN: \_\_\_\_\_  
(mm/dd/yyyy)

**Section 2: Applicant's Signature is required**

I understand that the health camp is for screening only; IHCNJ will not be responsible for any treatment. I also understand that Shree Swaminarayan Temple, Secaucus, New Jersey, IHCNJ, Participating health care professionals, Accurate Diagnostic Labs and volunteers have no liability for any damage claim, I may have now or in the future for this particular event. In addition, I understand that Secaucus Temple is not in any way affiliated with IHCNJ and is only providing the use of their facility for the health camp screening.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_