



# City of Stamford Department of Health

*Safeguarding the Public's Health*

## Speaker and Health Fair Metrics Form

Please note, this must be completed for all activities.

List the names of all Department of Health staff who attended event

_____	_____
_____	_____
_____	_____

List the name of speaker and his/her affiliation if not Department of Health employee

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1. Health topic (Select a topic)
  - a. Asthma
  - b. Communicable diseases
  - c. High blood pressure
  - d. Immunization
  - e. Lead poisoning prevention
  - f. Mosquitoes
  - g. Obesity and diet
  - h. Oral Health
  - i. Pest control
  - j. Radon and your home
  - k. Senior health
  - l. Sexually transmitted disease
  - m. Ticks and tickborne diseases
  - n. Tuberculosis
  - o. Water testing

2. Title of Event \_\_\_\_\_

3. Date of Event \_\_\_\_\_ Set-up Time \_\_\_\_\_

4. Event Start Time \_\_\_\_\_ Event End Time \_\_\_\_\_

5. Event Location \_\_\_\_\_

6. Event Address \_\_\_\_\_

7. Event City \_\_\_\_\_

8. Event State \_\_\_\_\_ Event ZIP Code \_\_\_\_\_

9. Target Group (select one)

- a. General
- b. Men
- c. Women
- d. Children
- e. Seniors
- f. Grade school students
- g. High school students
- h. College students
- i. Medical/health professionals
- j. Elected Officials or Boards

10. Type of activity

- a. PowerPoint presentation
- b. Table
- c. Story time
- d. Demonstration
- e. Other (please specify) \_\_\_\_\_

11. Number of persons who attended our event or visited our table \_\_\_\_\_

12. Please list below number of each item (e.g., pamphlet, sunscreen etc) that were distributed at the event and taken with you to the event

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