KEHP LivingWell Promise Vitality Check (Biometric Screening)
Initial Information Form

Event Locations – Estimated Participants	Site Location # 1
Location Name	
Location Address	
City	
State	
Zip Code	
Contact Name	
Contact Phone Number	
Contact Email	
Event Date	
Start Time	
End Time	
# of Eligible EE's	
Estimated % of Participation	
# Estimated Participants **(minimum 20)**	
Sign Up: Online or Paper Based	
Comments and/or Additional Information	