



the
Chickasaw
Nation

Department of Health

Bill Anoatubby
Governor

Inchokma Mobile Unit Request Form

Date: _____

From (Division/department/area): _____

Contact person: _____ Title: _____

Phone: _____ Email: _____

Event information: Note: Form should be submitted at least three weeks in advance of request unless a rush justification is supplied.

Name: _____

Date: _____ Start time: _____ End time: _____

Location: _____

Please check all that apply:

Type of service request:

Medical Health screening Immunization Other: _____

Age range of participants:

0-11 12-18 18-older Elders

Is there access to power sources? Yes No If yes, list specific types of power available: _____

Is there network/data connection available? Yes No if yes, please specify types available: _____

Purpose of event: (justification needed if rush approval requested)

Internal Use Only

Date received: _____

___ Approved

Received by: _____

___ Disapproved

Event comments: _____

