CLÍNICA
ESPERANZA DE VIDA

HEALTH FAIR 2026 | TAKING CARE OF YOURSELF IS LIVING TOO!

WE WANT TO KNOW YOU

FULL NAME: _____

AGE RANGE: (Circle) <18 | 18-22 | 23-27 | 28-32 | 33-37 | 38-42 | 43-47 | 48> |

PHONE: _____

EMAIL: _____

ADDRESS: _____

ADDITIONAL SERVICES

1. What content or topics would you like to see in future events?

_____

_____

2. Which of these services would you like to participate in or receive?

_____ Health Classes
_____ Nutrition Classes
_____ Healthy Cooking Classes
_____ Health Fairs
_____ Marriage Seminars
_____ Prophetic Seminars
_____ Pastoral Visit or Call
_____ Plan to quit smoking
_____ Weight Improvement Plan
_____ Stress Management
_____ Free Medical Consultations
_____ Child Rearing Classes
_____ Bible Study Classes
_____ Prayer for your Requests

ADDITIONAL COMMENT

_____

_____

_____

_____

Sponsored by the Adventist Churches and other community service organizations in this area.

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