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 ☐ Dental ☐ 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)**

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Internal Use Only

Date received: _____ ___ Approved

Received by: _____ ___ Disapproved

Event comments: _____

_____

_____

_____