

Arizona Health Screening Registration Form

Location(s) of Health
Screening* _____

Date(s) of Health
Screening* _____

Name of Screening
Entity _____

Address of Screening
Entity _____

Phone Number of Screening
Entity _____

CLIA # _____

Testing Conducted at Health
Screening** _____

**IF TESTING CONDUCTED IS NOT INCLUDED ON THE DIRECT
ACCESS TESTING (DAT) LIST PLEASE INDICATE LICENSED
PHYSICIAN AUTHORIZING TESTING*****

Name _____ License No. _____

- *Please attach additional pages as needed.
- **example-Whole Blood Glucose Testing
- ***DAT list website: www.azdhs.gov/lab/license/cli.htm