

PLEASE KEEP THIS SIGN-IN SHEET IN YOUR RECORDS.

Local Site Coordinator: _____

Bureau of Home and Community Services
 Alabama Department of Public Health
 2841 Neal Metcalf Road, Enterprise, AL 36330
 (334) 347-2664 Fax: (334) 347-1769

Agency Name: _____

Name: _____

Agency Address: _____

Phone #: _____

"Heat Stress in Home Care Patients"
 June 21, 2006
 Sign-In-Sheet

Fax #: _____

Name (Please Print)	Social Security Number	Class/ Title	Program/ Department	County/ Bureau Site Code	Signature
<i>John Doe</i>	<i>123-45-6789</i>	<i>HHA</i>	<i>HH</i>	<i>616HH</i>	<i>John Doe</i>

If necessary, make copies of this form. ADPH agencies must fill out all columns. Taping of this program is prohibited