



**Seventh Episcopal District  
Health Director Monthly Report Form**

**Greetings to all Health Directors; Annual Conference, District & Local Health Directors:**

**Please attach any highlights** or successes stories i.e persons coming off anti-hypertensives or short stories for the newsletter. Your report is valuable to the lives of the people you serve. **Please submit by 15th of each month your previous month's activity.** Please share your goals for the year along with upcoming events; health fairs, education programs. Please submit pictures of your events to [swintonr@musc.edu](mailto:swintonr@musc.edu) for posting on the website. Please feel free to attach other materials of your activities. Thank you for all you do to help God's people live healthier lives. **(Please Type or Print)**

**Please send monthly. Report for the Month of :**

**Health Director :** \_\_\_\_\_ **email** \_\_\_\_\_  
**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **St** \_\_\_\_\_ **ZIP** \_\_\_\_\_  
**Phone ( )** \_\_\_\_\_ **Email Address** \_\_\_\_\_  
**Church Name** \_\_\_\_\_  
**Church Mailing Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **St** \_\_\_\_\_ **ZIP** \_\_\_\_\_  
**Pastor:** \_\_\_\_\_ **District** \_\_\_\_\_

**You Can Now Do Your Reports Online in 5 easy steps.**

- |   |  |
|---|--|
| 1. Call for your login code. (843) 876-1949 | 2. Go to: <a href="http://www.health-e-ame.com">www.health-e-ame.com</a> |
| 3. Click Health Director's Corner           | 4. Click Reports (top of page)   |
|   | 5. Enter your activity data  |

**Please provide monthly information**

**Number of People Educated:**

Sunday Health Moment (**count or estimate # in congregation**) \_\_\_\_\_

Workshops/Classes –Evaluation & Sign-in sheets \_\_\_\_\_

Brochures/Literature Distribution/bulletin inserts \_\_\_\_\_ (**count each piece as 1**)

Do you have an active Heart & Soul Blood Pressure Program? \_\_\_\_\_ If Not, do you want to start a program? \_\_\_\_\_

**Number of people screened:**

Blood pressure \_\_\_\_\_,

HIV \_\_\_\_\_,

Diabetes \_\_\_\_\_,

Cholesterol \_\_\_\_\_

Other Screenings \_\_\_\_\_ # \_\_\_\_\_

**Estimated Number of People Attend Health Fair** \_\_\_\_\_

**Number of people referred for medical attention:** \_\_\_\_\_

**Reasons for referral:** \_\_\_\_\_

**Physical Activity Program:**

Physical Activity Classes \_\_\_\_\_ Wk 1 \_\_\_\_\_ Wk2 \_\_\_\_\_ Wk3 \_\_\_\_\_ Wk4 \_\_\_\_\_ Wk5 \_\_\_\_\_

8 Steps \_\_\_\_\_ Walking \_\_\_\_\_ Chair Exercise \_\_\_\_\_ Praise Aerobics \_\_\_\_\_

Thank you

**I need help right now with (Use the back side of this sheet also):**