



facilities of the Fort Defiance Indian Hospital Board, Inc.

TSÉHOOTSOOÍ NIHIDINE'É BÁ NAHATA'DZIIL
Medical Center Wellness Center Health Center
Health. Wellness. Tradition.

EMPLOYEE WELLNESS - REQUEST FOR SERVICES

Thank you for your interest in the FDIHB, Inc. Employee Wellness services. To begin the request for services process, submit the completed form to Director of Wellness & Fitness, Amber.James@fdihb.org. All requests must be submitted at least **3-4 weeks in advance** prior to event. If you have any questions, please do not hesitate to contact us.

NAME OF DEPARTMENT:

CONTACT PERSON:

PHONE NUMBER:

DATE OF EVENT:

TIME OF EVENT:

LOCATION OF EVENT:

(Note: requesting department is responsible for arranging location of event)

EXPECTED NUMBER OF PARTICIPANTS:

SERVICES REQUESTED:

☐ Team Building Activity ☐ Interactive Booth ☐ Health/Wellness Education

☐ Fitness/Game Activity – Please specify: _____

☐ Other: _____

IF TEAMBUILDING, WHAT'S THE FOCUS? (Please provide at least 2 specific topics you would like to focus on, e.g. communication, trust, stress reduction, problem solving, etc.)

1. _____

2. _____

Does the event location have any of the following?

☐ Electrical Outlets ☐ Computer Projector ☐ Projector Screen ☐ Tables & Chairs ☐ Dry Erase Board

☐ Adequate Space

Special Instructions/Comments:

Office Use Only: ☐ Approved ☐ Denied

Date Received:

Staff assigned:

Comments: