



**Request Loan of Sahara Equipment for Upcoming
For Upcoming **International** Healthy Athletes Health Promotion Event**
Once completed, this Form should be returned to Peyton Purcell
(ppurcell@specialolympics.org)

Name of Special Olympics Program _____

Screening event dates _____ HP Clinical Director _____

Phone _____ Email _____

Address _____

How many athletes do you anticipate screening for bone density? _____

Person authorized to **receive** and sign for equipment: Name and Title

Shipping address _____

Daytime Phone _____ email _____

Person responsible for guaranteeing the machine will be **protected** from theft, stored and used in an appropriate environment and will be used as instructed in the Health Promotion Clinical Directors Manual 2015.

Name and Title _____

Shipping address _____

Daytime Phone _____ email _____

Person responsible for assuring **return** of the equipment within 24 hours following close of the screening event as per the detailed repacking instructions:

Name and Title _____

Shipping address _____

Daytime Phone _____ email _____

Special Olympics _____ (*insert Program Name*) plans to refer athletes with low bone density to their health care provider for follow up on the identified condition. A description of the programs plan is included with this Sahara request form. I will submit a brief report of the outcome of these referrals within months after the event.

After use, repack the machine EXACTLY as instructed to avoid costly damages. Return machine according to the Hologic representative's instruction.