



Kapnick Strive Screening Event Summary Form

Instructions:

Please take a picture of this form and the participant log forms and submit via email to the account wellness coordinator before you leave event.

Emma Lough at Emma.Lough@kapnick.com OR

Lexi Judkins at Lexi.Judkins@kapnick.com OR

Renee Johnson at Renee.Johnson@kapnick.com

Team Lead Name: _____

Date: _____

Location: _____

Client Name: _____

of samples and forms submitted: _____

Any incidents that occurred: _____

Any critically high BP readings: _____

☐ Check box if event supplies have been send back to Kapnick Insurance Group
return label is in event supplies box