

REQUEST FOR NAVY HEALTH PROMOTION STARTER KIT

1. Command: _____
2. Requester: _____
(Please print & include Name, Rate & Rank, if Active Duty)
3. Complete Command Address with 9-digit zip:

4. Department or Division: _____
5. Telephone: Commercial: _____ DSN: _____
6. Fax: Commercial: _____ DSN: _____
7. E-mail address: _____

(Signature of Requester)

(Date)

You can fax to NEHC Health Promotion Attn: Vickie Haidle (757) 953-0688 (DSN: 377-0688)