

South Central Illinois AHEC
Lending Library Request & Policy Form

| | | | |
|--------------------------------|--|--------------------------------|--|
| Name: | | Phone Number: | |
| Email Address: | | Event Item(s) Used For: | |
| Organization Name: | | Organization Address: | |
| Check Out Date: | | Return Date: | |
| Additional Information: | | | |

Please select the items you want to request, read, and sign the borrowing policy, and send to gprzygoda@pvillehosp.org.

When returning items, please return demographics page for grant documentation purposes.

Anatomical Models: Pages 3-8

- | | |
|---|--|
| <input type="checkbox"/> Colon Model with Pathologies | <input type="checkbox"/> 4-Stage Osteoarthritic Knee |
| <input type="checkbox"/> 4-Stage Osteoarthritic Shoulder | <input type="checkbox"/> Knee Display |
| <input type="checkbox"/> Shoulder Display | <input type="checkbox"/> Elbow Display |
| <input type="checkbox"/> Hand Display | <input type="checkbox"/> Foot and Ankle Model with Plantar Fasciitis |
| <input type="checkbox"/> Lumbar Vertebrae with Sacrum Display | <input type="checkbox"/> Brain Model with Common Pathologies |
| <input type="checkbox"/> Heart Model | <input type="checkbox"/> Ear model |
| <input type="checkbox"/> Larynx Model | <input type="checkbox"/> Eye Model |
| <input type="checkbox"/> Female Pelvis Model | <input type="checkbox"/> Male Pelvis Model |

Clinical Education: Pages 8-12

- | | |
|--|--|
| <input type="checkbox"/> Act Fast Anti Choking Trainer (2) | <input type="checkbox"/> BP Cuffs and Stethoscopes (15 each) |
| <input type="checkbox"/> Dual head teaching stethoscope | <input type="checkbox"/> Injection Pad Trainer |
| <input type="checkbox"/> Pulse Oximetry | <input type="checkbox"/> Otoscope Kit |
| <input type="checkbox"/> IO Practice Kit | <input type="checkbox"/> Deluxe Difficult Airway Trainer Manikin |
| <input type="checkbox"/> Chester Chest | |

Diabetes and Nutrition: Pages 12-13

- | | |
|--|--|
| <input type="checkbox"/> A1C Levels: An Inside Look Model | <input type="checkbox"/> The Effects of Diabetes Model |
| <input type="checkbox"/> Diabetes Portion Distortion Plate | |

Physical Fitness Education and Activities: Page 14

- Clever Catch Ball- Nutrition
- Occupational Therapy Exercise Examples
- Physical Therapy Bands (3)

See For Yourself Models: Pages 15-17

- See For Yourself: Why BP Checks can Save Your Life
- See For Yourself: Why Colorectal Exams Can Save Your Life
- See For Yourself: Why Mammograms Can Save Your Life
- See For Yourself: Death of a Lung
- See For Yourself: Death of an Artery

Heart Health Education: Page 17

- Silent Destruction: How High Cholesterol Destroys Arteries

Substance Use Education: Page 18

- Impaired Acuity Glasses (3)

Team Building/ Ice Breakers: Page 18-19

- Break out EDU Boxes (12)
- Chair Yoga Cards

Educational Extras: Page 19-21

- Bones and Muscles Challenge Cards
- Germ Powder with Glow Light
- True to Life Human X-Rays
- Jell-O Brain Mold
- A Years Worth of Tar
- Wheel Spinner

PLEASE READ THE FOLLOWING POLICY AND SIGN BELOW:

ALL ITEMS must be returned in the same condition as when checked out. Borrowers are financially responsible for damage that occurs to any items while in their possession.

To protect themselves, borrowers who notice damage before checking out material should bring it to the attention of the AHEC Director, who will note the damage and flag it for repair upon return.

Borrowers are also financially responsible for material that is lost or stolen while checked out to them, so checked out items should never be left unattended.

Borrowers are responsible for knowing the pick-up date and due date. **ALL ITEMS MUST BE RENEWED TO EXTEND THE DUE DATE; RENEWALS ARE NOT AUTOMATIC.** All items may be extended if they are not reserved for someone else. To extend/renew an item, resubmit this Library Request and policy packet to gprzygoda@pvillehosp.org.

When an item is significantly overdue, the borrower will be billed for its replacement and borrowing privileges are suspended without notice until the account is paid in full, or items are returned or replaced by the borrower.

Borrowers also agree to provide demographic information on the attendees after the event that the items were used for.

I HAVE READ, HAD THE OPPORTUNITY TO ASK ANY QUESTIONS, AND UNDERSTAND THE SOUTH-CENTRAL ILLINOIS AHEC LENDING LIBRARY REQUEST AND POLICY FORM.

NAME OF PERSON RESPONSIBLE (PRINTED):

NAME OF PERSON RESPONSIBLE (SIGNED):

DATE: _____

RETURN THIS DOCUMENT WITH LIBRARY ITEMS.

| | | | |
|-----------------------------------|--|---------------------|--|
| Name: | | Return Date: | |
| Organization Name: | | Event Name: | |
| Event Time: | | Items Used: | |
| Event Description: | | | |
| Total Number of Attendees: | | | |

If for Health profession students, what is the discipline that reflects the majority of students in attendance? _____

of Hispanic and the following:

| | |
|-------------------------------------|--|
| American Indian or Alaska Native | |
| Asian | |
| Black or African American | |
| Native Hawaiian or Pacific Islander | |
| White | |
| More than one race | |
| Not reported | |

of Male attendees

| | |
|------------------|--|
| 20-29 years | |
| 30-39 years | |
| 40-49 years | |
| 50-59 years | |
| 60 and over | |
| Age not reported | |

of NON-Hispanic and the following:

| | |
|-------------------------------------|--|
| American Indian or Alaska Native | |
| Asian | |
| Black or African American | |
| Native Hawaiian or Pacific Islander | |
| White | |
| More than one race | |
| Not reported | |

of Female attendees

| | |
|------------------|--|
| 20-29 years | |
| 30-39 years | |
| 40-49 years | |
| 50-59 years | |
| 60 and over | |
| Age not reported | |

If gender not reported, indicate age and number of attendees in comments below.

Comments: _____
