



# REQUEST FORM FOR DATA INFORMATION

NOTE: If filled out electronically, print the completed form (if saving not permitted), sign and fax it to the number provided below. Allow at least two weeks for fulfillment of data request.

Southern Nevada Health District  
 Office of Epidemiology  
 625 Shadow Lane PO Box 3902  
 Las Vegas, NV 89127  
 Phone (702) 759-1300 FAX (702) 383-4936

Date of Request: (mm/dd/yyyy)	*Date Needed: (mm/dd/yyyy)
Requestor Name:	
Address:	
Phone:	Fax:
E-mail Address:	
Requester Affiliation:	<input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Student <input type="checkbox"/> Other
Purpose of Information:	<input type="checkbox"/> Commercial <input type="checkbox"/> Non-Commercial

\*Please note that internal SNHD requests are addressed as first priority, and outside requests are addressed as soon as feasible.

Please read and sign the below agreement:

I, \_\_\_\_\_ (Name) am the \_\_\_\_\_ (Title) of \_\_\_\_\_ (Company Name) located at \_\_\_\_\_ (City, State, Zip) which is engaged in \_\_\_\_\_ (Nature of Business) . I am requesting information specified on second page.

I certify that all information provided is true and correct. I agree that the public records will not be transmitted or resold to any other person or entity without specific authorization from the County's record custodian. I agree to delete all data acquired via this request from my databases and all other electronic media forms upon completion of the purpose or use or for which the request is made. I understand that if this information is provided, there may be a charge and I will have to sign an agreement for a Public Record Request. I agree not to hold SNHD liable for any inaccurate or incomplete information I may receive.

Signature
Date

Please request only information needed. Unusually lengthy requests require much more staff and computer time and will result in greater preparation time. Note that only data for Clark County are available from the Health District.

Type of data requested: (check all that apply)

Chronic (please specify illness)

Infectious/Communicable (please specify illness)

Natality Mortality Survey (please specify source)

Other (please specify)

Which data years are you requesting?

A brief statement of the purpose/objective of the project:

Describe the data analysis to be conducted:

#### Subgroups of interest for data request

Age: 5-year cohorts (e.g. 0-4, 5-9, 10-14... 80-84, 85+) or selected cohorts (e.g. 5 years of age, 6-18, 19-64, 65+)  
please specify

Race: White Black Asian/Pacific Islander Native American

Ethnicity: Hispanic Non-Hispanic

Sex: Male Female

Please indicate crosstabulation (e.g. age by race)

#### Other Data/Information Requested

Office Use Only

Completed by:

Date:

Time to complete:

Distribution: Mail Emailed Fax Pick-up



Office of Epidemiology  
Datasets Currently Available

1. Behavioral Risk Factor Surveillance System (BRFSS)
  - a. Clark County and Nevada
    - 1992-2005
  
2. Youth Risk Behavioral Surveillance System (YRBSS)
  - a. Clark County and Nevada
    - 2005
  
3. Hospital Discharge
  - a. Available through health status report
  - b. 2000-2004
  - c. limited to chronic disease indicators
  
4. Childhood Blood Lead Surveillance
  - a. August 2004-present
  
5. Antimicrobial Resistance Susceptibility Database/Datasets
  
6. Clark County Communicable Disease Statistics, 2000-2005
  - a. Statistics on diseases reportable in the State of Nevada