



100 YEARS - CELEBRATING TOMORROW'S HISTORY TODAY



OKLAHOMA ASSOCIATION of OPTOMETRIC PHYSICIANS

Senior Safety Net Enrollment Form

Please have parent/guardian complete the below information before enrollment.

First Name _____ Middle Initial _____

Last Name _____

Address

Street Address _____

City or Town _____

State _____

Zip _____

Home Phone: _____

Alternate/Emergency Phone: _____

Email Address (optional): _____

Gender: Circle One M F

Date of Birth: Month _____ Day _____ Year _____

Height: ___' ___"

Weight _____ lbs.

Hair Color: Circle One

Bald, Black, Blonde, Brown, Gray, Red, Sandy, White, Unknown, Blue, Green, Orange, Pink, and Purple.

Eye Color: Circle One

Black, Blue, Brown, Gray, Green, Hazel, Maroon, Multicolored, Pink, and Unknown.

Physical Characteristics (optional):

The physical characteristics data entry field is optional. Entering information regarding characteristics such as scars and birthmarks is recommended.

Parent/Guardian Name: _____

Other Parent/Guardian Name: _____