

STATE OF OKLAHOMA  
DEPARTMENT OF HUMAN SERVICES

Project \_\_\_\_\_

Site \_\_\_\_\_

From \_\_\_\_\_ 20\_\_\_\_ to \_\_\_\_\_ 20\_\_\_\_

INDIVIDUAL ATTENDANCE RECORD

Surname	First Name	Telephone	Date of birth
Address			Race                      Sex

DAY MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	MONTH	QUARTER				
Oct.																																					
Nov.																																					
Dec.																																					
Jan.																																					
Feb.																																					
Mar.																																					
Apr.																																					
May																																					
June																																					
July																																					
Aug.																																					
Sept.																																					

Contact in Emergency \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
(Son, Daughter, Etc)

Address \_\_\_\_\_

Physician's Name \_\_\_\_\_

Additional Comments (Special medication, physical and mental limitations, etc.) \_\_\_\_\_