



City of Wauseon

DIVISION OF POLICE

KEVIN D. CHITTENDEN, CHIEF OF POLICE

MEDICAL CONCERNS RESIDENT REGISTRATION FORM

DATE:

NAME:

ADDRESS:

MALE OR FEMALE

DATE OF BIRTH:

HT:

WT:

PHOTO ATTACHED? YES OR NO

DECRPTION OF INDIVIDUAL: TATTOOS, SCARS, BIRTHMARKS, ETC.

ABILITY TO COMPREHEND OR DECISION-MAKING ABILITY:

HAS THE INDIVIDUAL EVER WANDERED BEFORE? YES OR NO

DOES THE INDIVIDUAL HAVE VIOLENT TENDENCIES: YES OR NO

EMERGENCY CONTACTS: