



Student Health Services

Appointment Request Form

Name:

Date of Birth:

Washburn ID Number:

Telephone/Email address:

Preferred day and time (please put 2-3 preferences)

Appointment type (please check option):

- In person
- Telehealth

Appointment reason (please check option):

- Well woman exam
- Program physical
- Medication check
- TB skin test/immunization
- Acute illness; provide reason _____
- Other; provide reason _____