

## PHYSICAL REPORT FORM

**To: AMBUCARE**

**Date:** \_\_\_\_\_

RE: Employee Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Hiring Department: \_\_\_\_\_

Position Title: \_\_\_\_\_

**(Health Care Provider: Please see the attached job description)**

Date and Time of Appointment: \_\_\_\_\_

Please administer the following:

Chest X-Ray       Physical

Additional Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Health Care Provider: \_\_\_\_\_

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**Please mail completed form and physical report to:**

Indiana State University  
Human Resources  
300 Rankin Hall  
210 N. 7th Street  
Terre Haute, IN 47809