Indiana State University

Print Form

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: _____

Please mail completed form and physical report to:

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

Please Bill the Account Number Below: