



**Indiana State University  
Human Resources**

**PHYSICAL REPORT**

DATE: \_\_\_\_\_

TO: AMBUCARE

FROM: \_\_\_\_\_

RE: NAME: \_\_\_\_\_

SSN: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

DATE & TIME OF APPOINTMENT: \_\_\_\_\_

O.K.'d

Serology Test \_\_\_\_\_

Chest X-Ray \_\_\_\_\_

Physical \_\_\_\_\_

ADDITIONAL REMARKS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNED \_\_\_\_\_

**REQUIRED INFORMATION**

Department: \_\_\_\_\_ Dept Index: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Department Phone Number: \_\_\_\_\_