



Auburn Enlarged City School District

ADMINISTRATIVE OFFICES
78 Thornton Avenue
Auburn, New York 13021

EMPLOYEES CONFIDENTIAL PHYSICAL REPORT

Name: _____ Sex: _____ Job Title: _____

Address: _____

Family Physician's Name: _____ Date of Last Physical: _____

Employees School Location: _____

This person is physically and mentally capable of carrying out his/her assigned duties.

Physician's Signature:

Date:

Physician Stamp Physician Address
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Please return this form to:

Personnel Office
Attn: Linda Wright/Benefits
Auburn Enlarged City School District
78 Thornton Avenue
Auburn, New York 13021