



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

Please return this form to:

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