



ANNUAL PHYSICAL FORM

We offer this form as an alternative to claims processing in order to document completion of the required annual physical exam.

Please complete the following:

PRINT:

Employee Name		Date of Birth	
Spouse Name (only if this form is for a spouse)		Date of Birth	
Address		Employee #	
City	State	Zip	Phone Number

Please have your physician's office complete the following acknowledgement:

I, Dr. _____, certify that, _____, (Doctor's Name) (Patient's Name)
had an annual physical that included blood work with my practice on _____. (Date)
Physician's Office Address: _____
Physician's Phone Number: _____
Physician's Signature: _____

Employee or Spouse Signature

Date

Return form to: Cottrell Human Resources, 2125 Candler Road, Gainesville, GA 30507
Fax 770.535.2831 or email adorsey@cottrelltrailers.com.