



American Indian Center of Arkansas

400 West Capitol, Ste. 2380
Little Rock, Arkansas 72201
Office: **501-666-9032** | Fax: **501-666-5875**
www.AICAgO.org



Record of Offer of Physical Examination

I, _____ understand that, as a
(Name of Participant)

Benefit, The American Indian Center of Arkansas (AICA) / Senior Community Services Employment Program is offering to pay for all or part of the cost (up to \$40.00) of a physical examination if obtained within 90 days. The results of the examination are my property, to share with the Institute for Indian Development, Inc. SCSEP Authorized Representatives only if I so choose.

Understanding these conditions fully, I choose

- () to have a physical examination before _____; or
- () to waive a physical examination.

Participant Signature Date

SCSEP Authorized Representative Date

Office Use Only

Approved for Payment

Reviewed By