MEDICAL FITNESS STATEMENT
FOR ENROLLMENT IN BASIC COURSE, SENIOR ROTC
For use of this form, see AR 145-1; the proponent agency is ODSREP

I have examined ___________________________ and find no medical
(First Name - Middle Initial - Last Name)
condition or physical impairment that precludes his/her participation in the basic course, Army ROTC, a
program not more physically strenuous than a normal college physical education program.

SIGNATURE OF PHYSICIAN

Print Doctors Name: ___________________________

Address: ___________________________________

City, St, Zip

STAMP