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| <p style="text-align: center;">MEDICAL FITNESS STATEMENT FOR ENROLLMENT IN BASIC COURSE, SENIOR ROTC For use of this form, see AR 145-1; the proponent agency is ODSCPER</p> | <p>DATE</p> |
| <p>I have examined _____ and find no medical (First Name - Middle Initial - Last Name) condition or physical impairment that precludes his participation in the basic course, Army ROTC, a program not more physically strenuous than a normal college physical education program.</p> | |
| <p>SIGNATURE OF PHYSICIAN</p> | |