

**MEDICAL FITNESS STATEMENT  
FOR ENROLLMENT IN BASIC COURSE, SENIOR ROTC**

For use of this form, see AR 145-1; the proponent agency is ODSCPER

DATE

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.

SIGNATURE OF PHYSICIAN