

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

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

DATE (YYYYMMDD)

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

SIGNATURE OF PHYSICIAN