

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 <i>(First Name - Middle Initial - Last Name)</i> 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	