

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 Last Name) (Firm Name) (Address) (City) (State) (Zip) (Phone Number) (Email Address) (Social Security Number) (MOS Code) (Branch) (Component) (Activity) (Priority) (Remarks)