

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

SIGNATURE OF PHYSICIAN

DA FORM 3425-R, 1 SEP 1968

APD PE v2.00ES

STAMP
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Print Doctors Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

City, St, Zip