

**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

DA FORM 3425-R, 1 SEP 68

USAPPC V1.00

Doctor's Information Designee
(Please print clearly)

Doctor's name: _____
(Include the practice name)

Address: _____

Phone number: _____

License number: _____