MEDICAL FITNESS STATEMENT
FOR ENROLLMENT IN BASIC COURSE, SENIOR ROTC

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

I have examined ________________________________ and find no medical 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

Please have your physician print their name, address, and phone number on this form to avoid incorrect spellings. A business card or stamp would also serve this purpose.