	chauldara albawa wria	to him known foot) It ",	es," please explain	
	shoulders, eldows, whs	is, nips, knees, leet?	rn y	es, please explain	
you have migraine headaches?	If "yes," list date of last h	neadache	List medication	ons for this	
ve vou had any past surgeries?	lf "ves " pleas	e explain			
	ii yoo, piede				
o you have any history of injury to nee	ck?Chest?	Back?	Head?	If "yes," please explain	
e you taking any medication?	If "yes," pleas	e explain			
e you allergic to bee stings?	If "yes," do you use an e	epi-pen?			

If you are participating in the Corps of Cadets, a physician must complete this form within one year of the first day of FROG week for the semester in which you are entering. Please return this form to:

University of North Georgia Military Science Department P.O. Box 156 Attn: ROTC Records Dahlonega, GA 30533

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 (First name - Middle Initial- Last Name)

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.