## MEDICAL HISTORY STATEMENT FOR ADMISSION TO ROTC BASIC COURSE

Title	<b>Last Name</b>	First Name	<b>M</b> Initial	(SSN)

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## PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 103 (Sec 2103, 2104)

PRINCIPAL PURPOSE: To inform personnel about RFD Program

ROUTINE USES: To determine or verify medical fitness for participation in the Army ROTC Basic Course.

MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECTS ON INDIVIDUALS NOT PROVIDING INFORMATION: Disclosure of information

is voluntary; however, failure to furnish any or all of the requested information may delay processing or result in denial of participation.

The medical history requested below is required for admission to the ROTC Basic Course. This course is no more

strenu	ous than a college physical education course.		
1.	Do you know of any medical reason why you should not take Army ROTC?		
	If Yes, Cause:		
<b>2.</b>	Do you require: Insulin, Desensitization Epilepsy treatments, Other;		
	*Underline or annotate "N/A" if not applicable		
3.	Have you had counseling for mental health reasons?		
	If YES, Cause:		
4.	What serious accidents have you had?		
<b>5.</b>	What surgical operations have you undergone?		
<b>6.</b>	Cause of other hospitalization?		
<b>7.</b>	Do you have a disability?		
	If YES, What?		
8.	What broken bones have you had?		
<b>9.</b>	Check the diseases you have or have had:		
	AsthmaDiabetesEpilepsy		
	Scarlet Fever Heart Trouble Rheumatic Fever		
40	Nervous Breakdown Other Disease		
<b>10.</b>	Do you have any other condition that we need to be aware of? If so, what?		
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"I hereby affirm that to the best of my knowledge ALL INFORMATION FURNISHED ON THIS FORM IS			
COMPLETE AND ACCURATE. I understand that withholding information may make me ineligible for admission or may result in dismissal.			
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	DATE SIGNATURE OF APPLICANT		