a s :			
_			
<u> </u>			
	shoulders elhows wrists hins knees feet?	If "yes," please explain	
	enoulders, olders, miles, mpe, knooe, reet.	yee, predee explain.	
Do you have migraine headaches?_	If "yes," list date of last headache	List medications for this	
Have you had any past surgeries?_	If "yes," please explain		
Do you have any history of injury to	neck? Chest? Back?	Head? If "yes," please explain	
	16.4		
Are you taking any medication?	If "yes," please explain		
Are you allergic to bee stings?	If "yes," do you use an epi-pen?		
Are you allergic to any medications?	? If "yes," please list		
Do you have any physical or montal	I limitations that you are aware of? If "ye	s " nlease list	
bo you have any physical or mental	I minimulons that you are aware or: II ye	.s, picase iist	

SECTION B: PHYSICAL EXAMINATION (To be completed by Physici

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.