REPORT OF MEDICAL EXAMINATION

Last Name   First Name   Middle Name   Age

INSTRUCTIONS FOR MEDICAL EXAMINER:
The standard for acceptance into the NROTC College Program is the ability to fully participate in training activities. This includes strenuous physical exercise and activities which may occur in a hot and humid environment to include distance running, sprinting, swimming, other aerobic exercises, push-ups, sit-ups, and other strength exercises. Defects that have the potential to result in illness or injury brought on by physical exercise should be identified. The examiner should list any condition(s) that may interfere with full and unrestricted participation. Conditions that will or are likely to require treatment, particularly unresolved injuries and recurrent illness must be listed. History of immunization should be verified to the satisfaction of the medical examiner.

Ht  Wt  Obese: Yes  No  Pulse:  Blood Pressure: __________/________

Eyes, Ears, Nose:

Vision: Wears glasses: Yes  No  Wears contacts lenses: Yes  No

Hemoglobin: __________ and/or Hematocrit: __________

Urinalysis: Glucose  Albumin  Blood

Lungs: __________ Heart: __________ Abdomen: __________ Genitalia: __________ Hernia: __________ Spine: __________

Orthopedic oriented examination (evaluation of conditions that may limit involvement in physical activities i.e., sports, physical training, etc.):

Body Symmetry: __________ Cervical Spine Motion: __________ Upper Body Flexibility: __________

Lower Body Flexibility: __________ Knee Stability: __________ Other: __________

Remarks:

________________________________________

________________________________________

________________________________________

It is the opinion of the medical examiner that the examinee has _______ does not have _______ a communicable (or other) disease, injury, or other condition that will restrict his / her participation in the NROTC College Program. (List any disqualifying defects above.)

Signature

Typed or printed name of Examiner   Date