

## ANNUAL CERTIFICATE OF PHYSICAL CONDITION

OMB CONTROL NUMBER: 0703-0026

OMB EXPIRATION DATE: 01/31/2026

### PRIVACY ACT STATEMENT

**AUTHORITY:** 5 U.S.C. § 301, Departmental Regulations; 10 U.S.C. 2107 (Financial Assistance Program); E.O. 9397 (SSN), and System of Records Notices (SORNs) N01130-1 and N01080-3.

**PURPOSE(S):** To manage and contribute to the recruitment of qualified men and women for officer programs and the regular and reserve components of the Navy. To ensure quality military recruitment and to maintain records pertaining to the applicant's personal profile for purposes of evaluation for fitness for commissioned service. The information you provide will be used to determine whether you qualify, and should be nominated for, an NROTC Scholarship. If you are nominated, the information will be used to enroll you into NROTC and will be used by the Navy in its management of the NROTC program.

**ROUTINE USE(S):** Information provided on the application will be used to screen and select individuals to receive scholarships, maintain data on the scholarship program, compare scholarship applicants from previous or subsequent years, and provide academic data and contact information to Navy activities and admissions officials at colleges and universities for recruitment purposes. Other uses may include providing the information to officials and employees of: the Department of Transportation; other agencies of the Executive Branch upon request in relation to the management of quality of military recruitment; the Department of Veterans Affairs and Selective Service Administration in relation to enlistment or reenlistment eligibility; Federal, state or local agencies that maintain civil, criminal and other relevant information pertaining to the letting of contracts; in response to an inquiry from a congressional office of record for an individual; to the Office of Personnel Management (OPM) to carry out legally authorized government-wide personnel management functions and studies; and to the General Services Administration (GSA) for the purposes of records management under the authority of 44 USC § 2904 & 2906. Information provided in this application is protected by the Privacy Act and will not be released outside of the Department of Defense without your permission, unless it comes with an exception to the Act, or one of the routine uses in 32 C.F.R. § 701.112, <https://www.navy.mil/privacy.asp>, and the routine uses set forth here. If you are nominated for an NROTC Scholarship, the information will be released to the top five schools you indicated on your application. Your information and notification of status may also be provided to your high school so they may assist with the final stages of the process.

**DISCLOSURE:** Voluntary - However, failure to do so may result in our inability to process your application for the NROTC program. Note that the Social Security number (SSN) is required at the time of application to ensure proper identification of the applicant. There are times applicants have the same names, therefore the collection of SSN is required to ensure proper identification.

More information on the SORNS can be found at the following link(s):

<http://dpclo.defense.gov/Privacy/SORNSIndex/DODComponentArticleView/tabid/7489/Article/6411/n01131-1.aspx>, <http://dpclo.defense.gov/Privacy/SORNSIndex/DODComponentArticleView/tabid/7489/Article/6410/n01080-3.aspx>.

**Section I: Personal Information**

Last Name:		First Name:		DoDID or last 4 SSN:		Date:					
ROTC Unit			Branch of Service		Rank or MIDN Class		Birthdate		Cell Phone Number		
Email Address					Anticipated Graduation Date						
Type of Program		<input type="checkbox"/> Scholarship		<input type="checkbox"/> STA21		<input type="checkbox"/> College Program		<input type="checkbox"/> If other, state here			
		<input type="checkbox"/> Advanced Standing		<input type="checkbox"/> MECEP		<input type="checkbox"/> SSMP					
Height (in)			Weight (lbs)			Last Official PFA results			Date of that PFA		

**Section II: Medical History**

Type of your last exam		<input type="checkbox"/> DoDMERB		<input type="checkbox"/> MEPS		<input type="checkbox"/> Special Duty/MTF		<input type="checkbox"/> Sports/Private Sector		Date of Physical	
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**Note: Sports/Private sector physicals apply only to College Program Basic students.**

Since your last military physical exam (or sports physical for College Program Basic students) have you had or been diagnosed with: YES NO

1. Eye Trouble (to include vision loss, cataract, glaucoma, keratoconus, corneal ectasia, retinal detachment)?		
2. Surgery to improve visions (PRK, LASIK, SmILE, intraocular lens implant, corneal cross linking)?		
3. Color vision deficiency?		
4. Ear trouble (to include cholesteatoma, perforated ear drum, tubes in ears, or other ENT surgery)?		
5. Diagnosed with or tested positive for COVID-19, other infectious disease, or infection?		
6. Hearing loss or use of a hearing aid?		
7. Nose, throat, or sinus trouble (to include sinusitis, abscess, surgery on nose, sinuses, or throat)?		
8. Orthodontic treatment? (If "yes", include completion or projected completion in Section III)		
9a. Tooth, gum, or jaw trouble (excluding cavities)?		
9b. Date of last dental exam:		
10. Breathing trouble (to include asthma, wheezing, shortness of breath, chronic cough, use of inhaler, collapsed lung)?		
11. Cardiac trouble to include chest pain, palpitations, heart valve problems, surgery, high blood pressure?		
12. Gastrointestinal trouble (to include celiac disease, irritable bowel syndrome, ulcer, reflux, esophagitis, gallstones, hernia, food impaction, dysphagia, hepatitis)?		
13. Inflammatory bowel disease (to include ulcerative colitis or Crohn's disease)?		
14a. Gynecologic trouble (to include endometriosis, polycystic ovarian disease, abnormal PAP smear)?		
14b. Date of last menstrual period:		
14c. Date of last PAP smear:		
15. Testicular or prostate trouble?		
16. Orthopedic problems of the neck, spine, hip, or pelvis?		
17. Orthopedic problems of the upper extremities (fracture, dislocation, sprain, surgery, compartment syndrome)?		
18. Orthopedic problems of the lower extremities (fracture, dislocation, sprain, surgery, compartment syndrome)?		
19. Vascular trouble (to include Raynaud's disease, blood clot or deep venous thrombosis, high blood pressure)?		
20. Skin trouble (to include pilonidal cyst, psoriasis, eczema, atopic dermatitis, hives, hidradenitis, severe acne)?		
21. Prescribed systemic retinoid medications (e.g. Accutane)? (List date completed or projected completion date in Section III)		
22. Blood disorders (anemia, thrombocytopenia, bleeding disorders, disorder of the spleen)?		
23. Allergic reaction to food, medications, insects?		
24. A positive Purified Protein Derivative (PPD) skin test, tuberculosis lab test, or been treated for tuberculosis?		
25. Car, train, sea, or air sickened that required prescription medication or avoidance of travel?		
26. Endocrine disorders (to include diabetes, thyroid disease, osteoporosis)?		
27. Head injury, memory loss, amnesia?		
28. Neurologic trouble (to include dizziness, vertigo, fainting, tic disorder, tremor, seizure, paralysis, or dystonia)?		

29. Frequent or severe headaches that resulted in missed school, work, or sport?		
30. Sleeping trouble (to include narcolepsy, sleep walking, chronic insomnia, sleep apnea)?		
31. Evaluation or treatment of self-harm, depression, adjustment, bipolar, dysphoria, or substance use disorder?		
32. Evaluation or treatment for anxiety disorder or panic attacks?		
33. Evaluation or treatment for eating disorders (to include anorexia or bulimia)?		
34. Evaluation or treatment for attention deficit hyperactivity disorder, attention deficit disorder, learning disability, or been granted academic accommodations for any reason?		
35. Evaluation or treatment for tumor or cancer?		
36. Evaluation or treatment for rhabdomyolysis or heat-related illness or injury?		
37. Autoimmune disorder (to include lupus, rheumatoid arthritis, reactive arthritis, ankylosing spondylitis)?		
38. A medical waiver for the PFA, PFT, or CFT?		
39. New or worsened medical condition, treatment, or surgery not previously reported on their DoDMERB or military physical (or sports physical for college program students)?		
40. Have your EVER been hospitalized (including psychiatric)?		
41. Have your EVER been rejected or discharged from military service for any reason?		
42. Have you been prescribed medication in the past 12 months? (If "yes", list name(s), reason(s), date(s) used in Section III)		

**SECTION III: MIDSHIPMAN COMMENTS**

Explain all "Yes" answers to questions 1-42 above. Begin with the Item Number. Describe condition(s); provide date(s) of problem(s)/condition(s); provide names of Health Care Providers (HCPs), Clinic(s) and/or Hospital(s) along with the City and State; explain what was done (e.g., evaluation and/or treatment); and describe your current medical status (ongoing/resolved). Attach additional sheet(s) if necessary and sign and date each additional page. Obtain and attach copies of applicable medical evaluation and treatment records if requested.

I certify that the information contained in this form is true and complete to the best of my knowledge and belief.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**SECTION IV: REVIEW**

NROTC Unit Medical Representative Comments

NROTC Unit  
Medical Representative Signature: \_\_\_\_\_

Date: \_\_\_\_\_

NROTC Unit Reviewing Officer Comments (if indicated):

NROTC Unit  
Reviewing Officer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If additional records requested from midshipman, provide date of request: \_\_\_\_\_

If referred for further medical examination, provide date and type of referral: \_\_\_\_\_

If discussed or reviewed with BUMED, provide date: \_\_\_\_\_

## SECTION V: OUTCOME

- No further action required
- Request record or clearance exam
- Submit for MLOA/continuation review
- MLOA Placement
- Waiver granted
- Medically Qualified