

STATEMENT OF HEALTH AND MEDICAL EXAMINATION

For use of this form see AR 145-1; the proponent agency is DCS G-1.

PRIVACY STATEMENT

AUTHORITY: 10 USC 2104, Advanced Training Eligibility for; 10 USC 7013, Secretary of the Army; AR 145-1, Senior Reserve Officers Training Corps Program: Organization, Administration, and Training.

PRINCIPAL PURPOSE: To provide changes to a cadet's medical readiness since physical exam is in conjunction with MS III. For additional information see the System of Records Notice A0145-1 AHRC, Army Reserve Officer's Training Corps (ROTC) and Financial Assistance Programs (<https://dpclid.defense.gov/Privacy/SORNsindex/DOD-Component-Notices/Army-Article-List/>).

NOTE: This system of records may contain individually identifiable health information. The DoD Health Information Privacy Regulation (DoD 6025.18-R) issued pursuant to the Health Insurance Portability and Accountability Act of 1996, applies to most such health information. DoD 6025.18-R may place additional procedural requirements on the uses and disclosures of such information beyond those found in the Privacy Act of 1974 or mentioned in this system of records notice.

ROUTINE USES: There are no specific routine uses anticipated for this form; however it may be subject to a number of proper and necessary routine uses identified in the system of records notice(s) specified in the purpose statement above.

DISCLOSURE: Voluntary, however nondisclosure may result in disenrollment from SROTC and loss of related financial benefits and/or scholarships.

NAME	CADET ID Number
SCHOOL	DATE (YYYYMMDD)

The most recent medical examination I underwent in conjunction with enrollment in Army ROTC, or Attendance at Cadet Summer Training, or on my own at a Military Entrance Processing Station/Military Treatment Facility was on or about:

_____ at _____
Date (Month/Year) (Location/Facility (DoDMERB/CST/MEPS/MTF))

And to the best of my knowledge and belief there has been no change in my medical status since the accomplishment of this medical examination or since I last completed a DA Form 2453 except as noted below: *Note:* List ANY changes to medical condition(s); include any emergency room visits, surgeries, hospitalizations, treatment or counseling from mental health professional, unresolved medical condition(s) lasting longer than 45 days, medication usage lasting longer than 30 days, or insert "No change", as appropriate.

Failure to disclose any changes to your medical condition(s) since your last contracting/commissioning physical, or subsequent DA Form 2453 may result in repayment of scholarship or bonus funds expended on your behalf.

***Note to SROTC Programs: Any listed changes above require a medical determination sent through your brigade action officer to the Cadet Command Surgeon's Office for review. Exceptions to this include any type of birth control including placement/removal procedures, upper respiratory, urinary, gastrointestinal, and skin conditions that resolve within 45 days.

_____ Signature (Professor of Military Science)	_____ Signature (Army ROTC Student/Cadet)
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