

REPORT OF MEDICAL EXAMINATION

Name: _____ Age: _____
Last First Middle

INSTRUCTIONS FOR MEDICAL EXAMINER

The standard for acceptance into the Naval ROTC 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. Details of the minimum standards for the events in the NROTC Physical Fitness Assessment are listed on page 3 of this form. 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) which could 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.

Height: _____ Weight: _____ Obese: Yes ☐ No ☐ Pulse: _____ Blood Pressure: _____

Visual Acuity: _____ Color Vision: _____ Wears Glasses: Yes ☐ No ☐ Wears Contacts: Yes ☐ No ☐

Hemoglobin: _____ Hematocrit: _____

Urinalysis: Glucose: _____ Albumin: _____ Blood: _____

Lungs: _____ Heart: _____ Abdomen: _____ Genitals: _____ 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* (circle one) a communicable (or other) disease, injury, or other condition that will restrict his/her participation in the NROTC Program. (List any disqualifying defects above.)

Signature _____

Date _____

Typed or Print Name of Medical Examiner _____

Address of Medical Examiner _____

Phone Number _____