

NAME

Cadet ID Number

SCHOOL

DATE

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:

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 USACC Form 2453-R except as noted below: **\*\*\***(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.)

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Signature (Professor of Military Science)

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Signature (Army ROTC Student/Cadet)