

**STATEMENT OF HEALTH AND  
MEDICAL EXAMINATION**

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

SCHOOL

DATE

I underwent a medical examination in conjunction with enrollment in MS III on or about

\_\_\_\_\_ at \_\_\_\_\_,

(Date)

(Place)

and to the best of my knowledge and belief there has been no change in my medical condition since the accomplishment of this medical examination except as noted below: (List changes in medical condition, or insert "No change", as appropriate.)

\_\_\_\_\_

(Signature)