

INSTRUCTIONS FOR THE EXAMINING PHYSICIAN  
OF APPLICANTS FOR THE NROTC COLLEGE PROGRAM

Last name	First name	Middle name	Age
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1. Acceptance to the NROTC College Program is based upon ability to participate in a strenuous physical activity and the absence of contagious disease, illness, or history of injury that will or is likely to require medical care or restriction of participation during training exercises or physical readiness testing. Currently, the NROTC Program requires tri-annual physical readiness testing to the following minimum standards:

	<u>17-19 Years</u>		<u>20-29 Years</u>	
	Male	Female	Male	Female
Sit Reach				
Sit Ups (2 min.)	50	50	46	46
Push Ups (2 min.)	42	19	37	16
1.5 Mile Run Time	12:30	15:00	13:30	15:30

The examinee must be physically qualified to meet these standards and participate in a rigorous remedial program if required.

This standard is the lowest standard for acceptability into the NROTC Program. The standard which must be attained by Commissioning is:

	(Good Low)			
	<u>17-19 Years</u>		<u>20-29 Years</u>	
	Male	Female	Male	Female
Sit Ups (2 min.)	62	62	58	58
Push Ups (2 min.)	51	24	47	21
1.5 Mile Run Time	11:00	13:30	12:00	14:15

2. Special attention should be given to orthopedic and cardiovascular conditions or complaints.
3. Conditions that are considered disqualifying include:
  - a. Symptomatic or recurrent orthopedic complaints
  - b. Allergies or hypersensitivity to foods, medications, or insect bites/stings
  - c. History of asthma, seizures or convulsions, head injuries requiring hospitalization, loss of consciousness
  - d. Diabetes requiring dietary restrictions or medication
  - e. History of chronic motion sickness, sleep walking, or bed wetting since age 9
4. Specific clinical examinations that are required include urinalysis, hemoglobin and/or hematocrit. When clinically indicated, laboratory test for hemoglobinopathies is recommended.
5. For purpose of this examination, there is no specific limit for defective vision. However, applicants who wear glasses or contact lenses but cannot participate in training activities that require removal of glasses (or contacts) should be reviewed on a case-by-case basis.

6. There is no provision for "waiver" of the acceptance criteria for participating in the NROTC college program. Examining physicians may submit appropriate statements for consideration of acceptance when the examiner is of the opinion that the applicant will not encounter any restriction of participation in the program and that the condition in question does not present an unacceptable risk for aggravation or worsening as the result of participation in the activities of the program. Conditions that will require medication or treatment during the period of training should be considered as not meeting the criteria for qualification.

7. History of immunization should be verified to the satisfaction of the medical examiner and documented on this form.

Height: Ft. \_\_\_ In. \_\_\_ Weight: \_\_\_ lbs. Obese: Yes \_\_\_ No \_\_\_ Pulse: \_\_\_ BP \_\_\_/\_\_\_  
Eyes, ears, nose: \_\_\_\_\_  
Vision: Wears glasses: Yes \_\_\_ No \_\_\_ Wears contacts: Yes \_\_\_ No \_\_\_  
Hemoglobin \_\_\_ and/or Hematocrit: \_\_\_\_\_  
Urinalysis: \_\_\_\_\_ Glucose \_\_\_\_\_ Albumin \_\_\_\_\_ Blood \_\_\_\_\_  
Lungs: \_\_\_\_\_ Heart: \_\_\_\_\_ Abdomen: \_\_\_\_\_ Genitalia: \_\_\_\_\_  
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: \_\_\_\_\_

Immunizations:

PPD	_____	(Date)
Oral Polio	_____	(Date)
DPT	_____	(Date)

Remarks:

It is the opinion of the medical examiner that the examinee has \_\_\_\_\_  
Does not have \_\_\_\_\_ a communicable (or other) disease, injury or other condition that  
will restrict his/her participation in the NROTC College Program. (List any disqualifying defects above.)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed or printed name of medical examiner

\_\_\_\_\_  
Date

8. Final authority for acceptance of applicants is the Commanding Officer, NROTC Unit, University of Michigan.