

STATEMENT OF PRESENT HEALTH

Privacy Act Statement

AUTHORITY: Title 10, USC 133, 3012, 5031, 8012 and Executive Order 9397.

PRINCIPAL PURPOSE: To update a medical file as part of the application process to a U.S. Service Academy, Reserve Officer Training Corps (ROTC) Scholarship Programs, or the Uniformed Services University of Health Sciences (USUHS).

ROUTINE USE: To determine medical acceptability for one or more of the service academies, ROTC OR USUHS. Information will be released to authorized personnel involved in the selection process. The Social Security number (SSN) is used for positive identification.

DISCLOSURE: Voluntary; however, failure to furnish the requested information will impede the selection process and hamper your candidacy.

1. NAME OF APPLICANT <small>(Last, First, Middle Initial)</small>	2. SSN OF APPLICANT
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3. STATEMENT OF PRESENT HEALTH

4. NAME OF MEDICATION(S) AND REASON FOR TAKING (If you are not on any kind of medications, simply state "NONE.")

5. DO YOU HAVE ALLERGIES? (Answer Yes or No. If yes, indicate treatment received, if no allergies, write "NONE.")

6. REMARKS

7. SIGNATURE OF APPLICANT	8. DATE SIGNED
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