

STATEMENT OF HEALTH AND MEDICAL EXAMINATION	For use of this form, see AR 145-1; the proponent agency is MILPERCEN.	
SCHOOL	DATE	
<p>I underwent a medical examination in conjunction with enrollment in MS III on or about</p> <p>_____ at _____,</p> <p>(Date) (Place)</p> <p>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.)</p> <p>_____</p> <p>(Signature)</p>		