

TRANSMITTAL OF AFROTC PHYSICAL EXAMINATION

This form contains personal information protected by the Privacy Act of 1974. The form will be safeguarded from unauthorized disclosure and will be disposed of according to AFI 33-332.

DATE SENT FOR	MONTH/YEAR COMMISSION	CATEGORY					TYPE OF EXAMINATION				POC/CSP	COMM	DATE OF PREVIOUS
		P	N	NRO	M	COMM	INITIAL	SUPPLEMENT	REEVAL	RECHECK			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMPLETE EMAIL/MAILING ADDRESS OF UNIT 	NAME OF CADET (Last, First, Middle Initial) SOCIAL SECURITY NUMBER DATE OF BIRTH REPLY TO ATTENTION OF: DUTY PHONE
--	--

DATE OF PHYSICAL EXAMINATION	PREVIOUS PHYSICAL DATE	
------------------------------	------------------------	--

INCOMPLETE ITEMS													
	PROG	STS	DISQUALIFIED					REMEDIALS				RV ID	CRT INPUT DATE
AFC	1												
AFC	1												
AFC	1												
AFC	1												

REMARKS OF UNIT

REMARKS OF SURGEON

SEE CHECKED ITEM(S) ON REVERSE.

**Download any U.S. FedForm (free, fillable, savable in Adobe Reader)!
Start with the "Flash Demo" at the top of the following page:
www.usa-federal-forms.com**

**Convert any fillable PDF form to savable (locally, in Adobe Reader):
www.savePDF.com**

**Convert any document (in any format) to PDF fillable and savable:
www.FillinDocs.com**

**All (10's of 1,000's) U.S. Federal Forms already fillable, savable:
www.usa-federal-forms.com**

About the ITAOP/savePDF Method

The traditional Field-by-Field creation process is extremely ineffective and slow.

The only realistic option to create high-quality forms is the Insert-Text-Anywhere-on-Page (ITAOP) method.

The field creation process is about 10,000 times faster than the traditional method; the list of ITAOP features is not even available for the traditional method.

ITAOP savePDF method proved to be very simple and completely reliable for millions of users all over the world (incl. individuals, companies, organizations, government employees).

NOTE: 1. Consultation, reexamination, or elaboration may be accomplished at a military medical facility.
2. Additional information will be reported on the appropriate Standard Form. AFROTC unit personnel will comply with the appropriate part of AFROTCI 36-2011 in reporting information.

Cadet is presently disqualified for Pilot Training Navigator Training Missile Duty Nonrated Ops
 Commission due to:

See AFI 48-123, paragraph: _____
If this defect is corrected or is incorrect, submit a physician's statement to that effect.

Recheck Complete these items on SF 88:

Comment on Complete these items on SF 93:

Please provide Pap Smear results (may be completed by the family physician at no expense to the government).

ADDITIONAL REMARKS

HQ AETC/SGPS

INITIALS OF REVIEWER