University of Arizona Naval ROTC
Light Duty Chit

Patient Information

Last, First MI: _______________________________________  Rank: __________
Platoon / Squad: _______________________________________

Healthcare Provider Use Only

Type of Injury/ Illness: _________________________________
Effective Date: _______________
Expiration Date: _______________
Circle specific kinds of activities that should not be done:
  Running        Heavy Lifting          Push-ups
  Pull-ups       Abdominal             Swimming
  Carrying Loads on Back  Body Weight Leg Exercises (squats, jumps, lunges)
Name of Healthcare Provider: ___________________________
Provider Phone Number: __________________
Provider Signature: ____________________________________

NROTC Use

I ________________________ do certify that the information presented in this document is
accurate and up to date. I also agree to keep my chain of command informed on any follow up
appointments or changes on the status of my condition.

Patient Signature: ____________________________  Date: _______________
Battalion SgtMaj Signature: __________________________
NROTC Battalion Advisor Signature: __________________________