

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: _____