

How to fill-out the enrollment forms

Part 2

BRIEFING ON GOVERNMENT SPONSORED BENEFITS FOR ROTC CADETS
(ROTC Cadet Cmd PAM145-4)

**BRIEFING ON GOVERNMENT SPONSORED BENEFITS FOR ROTC
CADETS**

Revision Date: 08/01/01

I have been briefed this date on government-sponsored benefits for ROTC cadets and understand that-

1. Enrolled ROTC cadets and applicants for enrollment who suffer illness/injury as a result of authorized (scheduled and supervised) training, or authorized travel to and from such training, are eligible for compensation through the Department of labor/Department of Veteran Affairs.
2. ROTC cadets may not receive medical coverage and disability benefits from the Department of Labor or the Department of Veteran Affairs for injuries sustained when traveling off-post for personal recreation/activities. It is the responsibility of the individual cadet to obtain adequate or additional insurance to cover themselves for off-post, non-ROTC related activities.
3. ROTC cadets must report any injury/illness sustained while participating in authorized training or authorized travel to and from such training to the battalion commander/PMS or other authorized cadre. Cadets are responsible for submission of claims to the proper department as listed in paragraph 1 above, with the assistance of battalion cadre.
4. Army medical treatment facilities (subject to the availability of space, facilities, and capabilities of the professional staff) are authorized to provide care for injury incurred or disease contracted while attending field training.
5. Injured students who are eligible to receive medical treatment are authorized medical care from the following sources:
 - a. U.S. Public Health Service hospitals or physicians where available.
 - b. Army, Navy, Air Force, or VA medical treatment facilities, subject to the availability of space, facilities, and the capabilities of the professional staff.

21 JAN 21

DATE



Sign your name here

CADET SIGNATURE

Print your name here

Printed Name of Cadet

IF YOU WANT ROTC TO DISCUSS YOUR RECORDS WITH YOUR PARENTS OR GUARDIANS,
FILL OUT PART I (ONLY)

AUTHORIZATION/DECLINATION FOR ACCESS TO STUDENT RECORDS	
For use of this form, see CC Pam 145-4, the proponent agency is ATCC-PC	
DATA REQUIRED BY THE PRIVACY ACT OF 1974	
Authority	20 USC 1232g, and Public Law 93-380
Principal Purpose	To authorize/decline the release of any and all official records maintained by the ROTC Department to personnel in the Department of Defense and/or parents.
Routine Uses	To provide authorization/declination to release information contained in official records.
Disclosure	Disclosure is voluntary.
PART I - AUTHORIZATION FOR ACCESS TO STUDENT RECORDS	
Having been advised of the provisions of Public Law 93-380 (20 USC 1232g, Family Educational Rights and Privacy Act of 1974) and in connection with my participation in the Army ROTC program, I	
Enter your name here _____ hereby authorize the release of any and (Cadet's Name)	
all official records maintained by the	<u>The Pennsylvania State University</u> (Name of School)
or it's ROTC Department to personnel in the Department of Defense and/or my parents,	
Enter your parent(s) or guardian(s) name(s) here (Name of Parents)	
I waive any requirement that I be furnished a copy of those records prior to or concurrent with their release. This consent remains effective until my relationship with the ROTC program is terminated.	
 Sign here if part I applies	<u>21 JAN 21</u>
Signature of Cadet	Date
PART II - DECLINATION OF PARENTAL ACCESS TO STUDENT RECORDS	
Although informing my parents of the academic/ROTC progress made by me may assist in my quest to become a commissioned officer, I decline to allow release of official records maintained by	
<u>The Pennsylvania State University</u>	ROTC Department to my (Name of School)
parents. (Exception: Parents who still claim student as a dependent for IRS purposes) If I change my mind in the future, I will inform the ROTC Department in writing.	
 Sign here if part II applies	<u>21 JAN 21</u>
Signature of Cadet	Date

CC FORM 137-R, AUG 2002

PREVIOUS EDITIONS ARE OBSOLETE

DO NOT SIGN BOTH PARTS!!

DO NOT SIGN BOTH PARTS!!

IF YOU DO NOT WANT ROTC TO DISCUSS YOUR RECORDS WITH YOUR PARENTS OR
GUARDIANS, FILL OUT PART II (ONLY)

DO NOT SIGN BOTH PARTS!!

Everyone must submit a:

COPY of their Birth Certificate or
Naturalization Certificate
(Do NOT send through email)

COPY of their Social Security Card
(Do NOT send through email)

COPY of their Selective Service
Card (males only) or printout of
registration verification letter
from <http://www.sss.gov/Verify>

DA 3425-R – Medical Fitness Form*

<p style="text-align: center;">MEDICAL FITNESS STATEMENT FOR ENROLLMENT IN BASIC COURSE, SENIOR ROTC For use of this form, see AR 145-1; the proponent agency is ODSCPER</p>	<p>DATE 1 AUG 18</p>
<p style="text-align: center;">Print your name</p> <p>I have examined _____ and find no medical (First Name - Middle Initial - Last Name) condition or physical impairment that precludes his participation in the basic course, Army ROTC, a program not more physically strenuous than a normal college physical education program.</p>	
<p>SIGNATURE OF PHYSICIAN</p>	

DA FORM 3425-R, 1 SEP 68

USAPPC V1.00

Have the doctor, physician's
assistant, or nurse practitioner sign
and, if available, stamp the form.

*Required unless a QUALIFIED DoDMERB is on file in the ROTC office.

**DENTAL FILM REQUIREMENT
THE PENNSYLVANIA STATE UNIVERSITY ARMY ROTC**

USACC Pamphlet 145-4, Para 5-28, requires dental films for casualty identification purposes for all participants in the SROTC program who must use government-owned or government contracted transportation. The PMS is to ensure the Cadet's dental records contain sufficient documentation to aid in forensic identification.

MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION: All data is mandatory. Individuals who do not provide this data will not be allowed to be transported on any government owned or government contracted transportation, no exception(s) to this rule are allowed.

I certify that my dental representative listed below has on file in my dental records descriptive profiles, bite wing x-rays, orthodontic profiles or dental x-rays for me.

Cadet Name (Last, First): **Enter your name**

SSN (last 4): **Last 4 digits** Dentist Phone: **Dentist Phone**

Name of Dentist: **Dentist Name**

Dentist Address: **Dentist Address (Number, Street)**
Dentist Address (City, State, ZIP code)

WITH NAME
Sign your name
Cadet Signature

21 JAN 21
Date

AUTHORIZATION TO RELEASE DOCUMENTS

I authorize my dentist, dental office, or medical treatment facility that is in possession of my dental records or other records with my descriptive profiles, bite wing x-rays, orthodontic profiles or dental x-rays to release this information pertaining to these documents and copies of these items or documents to the US Army ROTC or other Department of Defense Representative.

WITH NAME
Sign your name
Cadet Signature

21 JAN 21
Date