LEVEL OF ACTIVITY

A Level of Activity (LOA) Statement is an essential part of your Physical Examination. The information you provide must be accurate and true to the best of your knowledge. PRINT the information requested. Sign in the space provided.

1.	What physical activities are you currently involved in? Please include individual team sports as well as anything physically demanding at your job.
2.	How many times per week and for how long do you participate in each activity?
3.	Do you have any physical limitations that would interfere or restrict you in any way from performing strenuous physical activity? If "YES," please list the condition(s):
4.	Have you EVER had any sports or physical activities injury? If "YES," please explain in detail.
5.	List all surgical, chiropractic and/or other medical treatment for which you required care for other than minor conditions (i.e., flu) within the last two years.
6.	Is there any reason that you could not fully participate at OCS or be commissioned as a United States Marine Corps Officer as scheduled? If "YES," please explain.
	inted Name of Applicant: Data Signed:
Signature of Applicant: Date Signed:	