

**Enclosure 2**  
**MEDICAL DISCLOSURE STATEMENT**

1. I certify that I have disclosed all personal medical conditions / concerns to my chain of command.
2. I have no known injuries or illnesses that would prevent me from completing my military duty obligations.
3. (Initial one)

\_\_\_\_\_ I am using no illegal substances and taking no medications.

\_\_\_\_\_ I am using no illegal substances, but I am taking the following medications:

\_\_\_\_\_

4. I understand that by signing this document, I release the Delaware Army National Guard and United States Government of responsibility for any undisclosed medical conditions that I may have and that failure to disclose could be cause for termination from the ADOS tour.

5. I understand that any injuries incurred in the Line of Duty will be reported immediately to my chain of command so that the Government may take responsibility for treatment.

\_\_\_\_\_

ADOS Tour Dates

\_\_\_\_\_

Soldier's Signature and Date

\_\_\_\_\_

Printed Name of Soldier

\_\_\_\_\_

Witness's Signature and Date – Must be RNCO, TNG NCO, or Admin NCO

\_\_\_\_\_

Printed Name of Witness