

VIRGINIA MILITARY INSTITUTE  
Lexington, Virginia

GENERAL ORDER  
NUMBER        20)

25 April 2024

**Fitness Standards Governing the  
Admission of Cadets**

1. **Purpose:** This policy explains the process for determining the medical fitness for attendance at the Virginia Military Institute.
2. **Background:** Admission to VMI is a two-step process. First the applicant is reviewed by the Admissions Office to determine academic eligibility. If approved by Admissions, the applicant is offered a “conditional appointment.” The appointment is conditioned upon the applicant completing other requirements, to include fitness approval. Appointees then complete an online VMI Health History at <https://vmi.medicatconnect.com/> and upload medical forms to include a physical examination form, a body fat measurement form, immunizations, and a medical release (certificate of understanding of the physical and psychological rigors of VMI) (Appendix A).
3. **Standards:** All VMI cadets including new cadets are expected to be able to accomplish all facets of the VMI educational program, which is a challenging, demanding program that involves significant physical and psychological challenges. A list of those program requirements is in Appendix B. Fitness evaluations for entry or continued enrollment at VMI will be based upon whether or not the prospective cadet can successfully and safely complete these program requirements. VMI uses the Department of Defense (DoD) standards as a reference. However, the ultimate decision to admit or deny entry will be based upon a review of the ability to meet program requirements.
  - A. For further information on DOD standards, Army Regulation 40-501, Standards of Medical Fitness (most recent edition 17 March 2023), Chapter 2 - Physical Standards for Enlistment, Appointment, and Induction) may be consulted. This site may be viewed at [https://armypubs.army.mil/epubs/DR\\_pubs/DR\\_a/ARN37720-AR\\_40-501-002-WEB-4.pdf](https://armypubs.army.mil/epubs/DR_pubs/DR_a/ARN37720-AR_40-501-002-WEB-4.pdf). As detailed below, any appointee interested in commissioning in the Armed Forces must be able to meet the DOD standards.
  - B. Once conditionally appointed applicants submit their completed medical forms, they will be initially reviewed by the Institute Physician. The review will use the abovementioned Program Requirements as the baseline. If there are questions or concerns about an appointee’s ability to meet these requirements, additional information may be sought from the appointee and/or his/her physician. Appointees will be encouraged to submit any other supporting documentation that might affect their final appointment decision. If following review of this information it is determined that an appointee may not be able to meet VMI’s requirements, the medical packet will be reviewed by the Fitness Review Panel (Institute Physician, Commandant, and Head of the Human Performance and Wellness Department) with recommendations submitted to the Superintendent for their review and decision regarding admission.
  - C. The fact that an appointee is admitted to VMI has no bearing on that cadet’s eligibility for commissioning through the ROTC Programs. Only the ROTC Departments determine eligibility for commissioning.
4. **Pre-Appointment Medical Determinations:** VMI does not consider medical history in deciding whether or not a conditional appointment should be offered. Similarly, for those prospective cadets

who may be concerned about a particular health issue, VMI will not make a pre-determination of medical eligibility. Prospective students or their parents may contact the Institute Physician if they have questions, but no opinions or pre-determinations will be made. Parents and prospective students with such questions are encouraged to review the standards referenced in Appendix B, consult with their personal physician on them, and seek their personal physician's opinion whether or not their son or daughter meets those standards. Providing the family physician with a copy of the health forms (Appendix A) will also be helpful for the family physician to review in providing an opinion. VMI will encourage all appointees to send their medical documents in as early as possible after conditional appointment in order to make the determination of eligibility as early as possible. Appointees who have any reason to question their ability to meet program requirements are strongly advised to have an alternative plan to attend another college should final appointment to VMI be denied.

5. **Authority:** The Institute Physician reviews the medical forms and collects further information as needed from the appointee, the family, and the examining physician(s) to clarify any questions raised by the medical forms. If there is a history of psychological issues, the Institute Physician will gather any additional information needed to determine if the appointee will be able to meet the extraordinary stresses of VMI's program safely and competently. The Superintendent has the authority to make the final determination of fitness eligibility.
6. **Medical Histories:** VMI will provide its own health form for use by all prospective cadets to report their medical histories. The DODMERB will not be accepted.
7. **Information about the Rigorous Demands of VMI's Educational Program:** The Office of Admissions shall provide a "Certificate of Understanding of the Physical and Mental Health Requirements for a VMI Education" for signature by all appointed students, their parents, and their personal physicians, by which they indicate that they understand the unique physical and psychological (fitness) demands of the VMI educational program and that the conditionally appointed student is physically and mentally fit to meet those demands. This form must be submitted, with the online VMI Health History, Physical Exam form and other required forms (noted in #2) to the Institute Physician. It is contained in Appendix A.
8. **Physical Fitness Standards:** Because the program requirements of VMI present extraordinary physical and mental stresses that create risks to individual students, weight and body fat standards are employed as part of the medical evaluation process (for standards see tables 2-1 and 2-2 in AR 40-501 linked above in para 3 A). In some cases where the physical conditioning of a conditionally appointed student is in question, VMI may require the individual to complete the run component of the VMI Fitness Test. Additionally, all cadets will take the VFT on multiple occasions during their cadetship and are expected to achieve a passing score. Information on the Physical Fitness Standards can be viewed at [www.vmi.edu/GeneralOrders](http://www.vmi.edu/GeneralOrders) (General Order 31, Corps of Cadets Physical Fitness Program).
9. **Medical Eligibility Review Process:** When a student is offered a conditional appointment for admission, a Health History and Physical Exam Form shall be provided and must be completed by the appointee and submitted to the Institute Physician, together with the Certificate of Understanding of the Physical and Mental Health Requirements for a VMI Education, by the deadline contained on the form. The Institute Physician shall determine the initial fitness eligibility of the appointee based upon the Physician's medical determination of the appointee's ability to meet VMI's Program Requirements. A list of these program requirements is at Appendix B. If there is a question or concern, the Institute Physician will contact the appointee and/or their physician(s) for more information. If upon review of all of this information the Institute Physician determines that the appointee's ability to meet program requirements is still in question, they will initiate the process for review by the Fitness Review Panel.

10. **Medical Eligibility:** All medical applications that indicate that there is a condition that may prevent safe and complete participation in all aspects of VMI training as determined by the Institute Physician will be reviewed by the Fitness Review Panel. The members of the Panel are the Institute Physician, the Commandant of Cadets, and the Head of the Human Performance and Wellness Department. Their review and recommendations are forwarded to the Superintendent who makes the final determination on the appointee's fitness eligibility.
11. **Fitness Eligibility Procedure:** The Institute Physician will review the initial medical packet. If there is a potential medical problem, the appointee will be notified by letter/email and requested to provide further information about the condition. The appointee will also be encouraged to send any other documentation that might support full admission. The appointee shall include a "Release of Information" authorizing the health care provider to share information about the medical condition. If the Institute Physician determines that the individual has a condition that may prevent safe and complete participation in the VMI training program despite reasonable accommodations, the Institute Physician will forward their assessment to the Commandant, who will in turn forward it to Head of the Human Performance and Wellness Department. Those three officials shall individually review the medical information, and each shall make an individual recommendation as to the appointee's ability to meet VMI's program requirements. The recommendations then go to the Office of the Superintendent. The Superintendent makes the final decision on eligibility for full admission to VMI.
12. **Notification of Superintendent's Determination:** The Superintendent, or his designee, shall notify the offices of the Commandant and the Head Performance and Wellness Department of any fully admitted student by the Superintendent after the Fitness Review Panel's review. This step is taken to ensure the safety of the cadet during the training process.
13. **Summer Transition Program:** Students registering for STP must follow the same fitness review procedures as students applying to matriculate at VMI. Those who have not completed the review process will not be allowed to attend STP.
14. **Readmission Applications:** The medical standards, to include the weight and body fat standards referenced above, apply to those cadets applying for readmission to VMI. Questions may be directed to the Registrar's Office for these and other requirements for readmission.

FOR THE SUPERINTENDENT:

John M. Young  
Colonel, Virginia Militia  
Chief of Staff

Appendices:

- A—Medical Forms
- B—Program Requirements

OPR: Infirmary/Admissions

## Appendix A

## PHYSICAL EXAMINATION FORM

THIS PAGE TO BE COMPLETED BY THE  
HEALTH CARE PROVIDER

**ALL ITEMS BELOW ARE REQUIRED**

**STUDENT'S FULL NAME:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**DISTANCE VISION:**

If student **does not wear** glasses or contacts,  
please complete:

Uncorrected vision

Right 20/\_\_\_\_\_ Left 20/\_\_\_\_\_

If student **wears** glasses or contacts,  
please complete:

Corrected vision

Right 20/\_\_\_\_\_ Left 20/\_\_\_\_\_

**CLINICAL EVALUATION (Check each item in appropriate column)**

**Normal**      **Abnormal**

**Normal**      **Abnormal**

	HEENT (Head,eyes, ears,nose, throat)			Abdomen
	Teeth and jaw			Skin
	Neck and thyroid			Spine,other musculoskeletal
	Ears (can hear whisper)			Upper extremities
	Eyes			Lower extremities
	Lungs and chest			Feet
	Heart- (lying and standing/valsalva)			Neurological
	Vascular System -(Femoral pulses equal B/L)	<b>YES</b>	<b>NO</b>	Any stigmata of Marfan syndrome

Blood Pressure\_\_\_\_\_ Pulse\_\_\_\_\_

Remarks: (Describe every abnormality in detail.) \_\_\_\_\_

Are you aware of any psychological concerns now or in the past? YES\_\_\_\_\_ NO\_\_\_\_\_ (If yes, describe in detail,

Use additional sheet if necessary.) \_\_\_\_\_

The student may participate in VMI's required boxing course? YES\_\_\_\_\_ NO\_\_\_\_\_

The student is cleared for full participation in NCAA Athletics and required PE courses. YES\_\_\_\_\_ NO\_\_\_\_\_

This student is cleared for participation in ROTC, a program not more physically strenuous  
than a normal college PE program. YES\_\_\_\_\_ NO\_\_\_\_\_

How long has your practice known the student? \_\_\_\_\_

Please see that ALL ITEMS ARE COMPLETED before returning this form.

Printed name \_\_\_\_\_ Telephone \_\_\_\_\_

Office address \_\_\_\_\_ Fax \_\_\_\_\_

\_\_\_\_\_  
Signature \_\_\_\_\_ MD/DO/NP/PA

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date \_\_\_\_\_

**ALL ITEMS ABOVE ARE REQUIRED**

## **BODY FAT MEASUREMENT FORM**

*REQUIRED FOR ALL CONDITIONAL APPOINTEES*

**TO BE COMPLETED BY A HEALTH PROFESSIONAL, CERTIFIED FITNESS PROFESSIONAL OR HIGH SCHOOL TRAINER**

Please see attached diagram for tape measurement illustration.

**THIS INFORMATION MUST BE ACCURATE. STUDENTS WHO EXCEED PRESCRIBED STANDARDS WILL BE DENIED ENTRY AT MATRICULATION.**

Student's Name: \_\_\_\_\_

**Male**

Height: \_\_\_\_\_(inches)

Weight: \_\_\_\_\_(pounds)

Neck: \_\_\_\_\_(to the nearest  $\frac{1}{2}$  inch)

Waist: \_\_\_\_\_(to the nearest  $\frac{1}{2}$  inch)

**Female**

Height: \_\_\_\_\_(inches)

Weight: \_\_\_\_\_(pounds)

Neck: \_\_\_\_\_ (to the nearest  $\frac{1}{2}$  inch)

Waist: \_\_\_\_\_(to the nearest  $\frac{1}{2}$  inch)

Hips: \_\_\_\_\_(to the nearest  $\frac{1}{2}$  inch)

SIGNATURE: \_\_\_\_\_

HEALTH PROFESSIONAL, CERTIFIED FITNESS PROFESSIONAL OR HIGH SCHOOL TRAINER

Date: \_\_\_\_\_

VMI IMMUNIZATION RECORD

\*\*\*\*This form must be **completed** and signed by the student's health care provider.\*\*\*\*

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**REQUIRED:** The following immunizations are required for enrollment at VMI.

1. Diphtheria-Tetanus (DTP): (**Mandatory**)

Date of completion of childhood series \_\_\_\_ / \_\_\_\_ / \_\_\_\_

2. Hepatitis B: (**Mandatory**)

Date of 1<sup>st</sup> dose \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date of 2<sup>nd</sup> dose \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date of 3<sup>rd</sup> dose \_\_\_\_ / \_\_\_\_ / \_\_\_\_

3. Meningococcal Vaccine (MCV4/ACWY)(Menactra/Menveo): (**Mandatory - One dose after age 16 required**)

Date of 1st dose \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date of 2nd dose \_\_\_\_ / \_\_\_\_ / \_\_\_\_

4. Measles-Mumps-Rubella (MMR): (**Mandatory**)

TWO IMMUNIZATIONS REQUIRED. THE FIRST ONE AFTER THE FIRST BIRTHDAY; THE SECOND ONE NO SOONER THAN ONE MONTH LATER OR ANY TIME THEREAFTER.

Date of 1st dose \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date of 2nd dose \_\_\_\_ / \_\_\_\_ / \_\_\_\_

5. Poliomyelitis: (**Mandatory**)

Date of completion of primary series \_\_\_\_ / \_\_\_\_ / \_\_\_\_

6. Tdap Booster: (**Mandatory**)

Date of last booster \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (**Must be within 10 years of matriculation**)

7. Chicken Pox (had disease) Yes \_\_\_\_ No \_\_\_\_ or Immunization Dates Date of 1<sup>st</sup> dose \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(2 Doses are mandatory if no disease) Date of 2<sup>nd</sup> dose \_\_\_\_ / \_\_\_\_ / \_\_\_\_

9. Tuberculin Test: (**Required for applicants who have lived or traveled extensively overseas**)

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Result: (mm induration: \_\_\_\_\_)

CHEST XRAY RESULTS: (only if POSITIVE) \_\_\_\_\_

Treatment? \_\_\_\_\_

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**RECOMMENDED:** The following immunizations are recommended.

If you have not had these vaccines, ask your provider why.

COVID-19 (Highly Recommended)

Indicate which vaccine  Pfizer  Moderna  J&J  Other specify. \_\_\_\_\_

Date of 1st dose \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date of 2nd dose \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date of Booster \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Hepatitis A (Recommended)

Date of 1<sup>st</sup> dose \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date of 2<sup>nd</sup> dose \_\_\_\_ / \_\_\_\_ / \_\_\_\_

HPV (HUMAN PAPILLOMAVIRUS VACCINE) (Highly Recommended)

Applicant had the  2 dose OR  3 dose series

Date of 1st dose \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date of 2nd dose \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date of 3rd dose \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Meningococcal B (Optional) (Bexsero) Discuss with your provider

Applicant had the  2 dose OR  3 dose series

Date of 1st dose \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date of 2nd dose \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date of 3rd dose \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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Health Care Provider's Signature

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Printed Name

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City, State, Zip Code

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Area Code & Phone Number

---

Date

## VIRGINIA MILITARY INSTITUTE

### Cadet Health Insurance Information

**PLEASE INCLUDE A CLEAR COPY OF BOTH SIDES OF INSURANCE CARD WITH THIS FORM**

**CADET INFO**

Cadet's Name: \_\_\_\_\_  
Cadet's Date of Birth: \_\_\_\_\_  
Cadet's Cell Phone: \_\_\_\_\_

### FOR NCAA ATHLETES

**ONLY**

Sport: \_\_\_\_\_

**CHECK HERE IF YOU DO NOT HAVE HEALTH INSURANCE. THEN PROCEED TO PAGE 2.**

**POLICYHOLDER INFO**

Policyholder's Name: \_\_\_\_\_ Policyholder's DOB: \_\_\_\_\_  
Policyholder's Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Policyholder's Phone: Cell: \_\_\_\_\_  
Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Policyholder's Employer: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_  
Insurance Company's Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Insurance Company's Phone Number: \_\_\_\_\_  
Insured's Policy/ID Number: \_\_\_\_\_ Group Number or Name: \_\_\_\_\_

Do you need a referral from your PCP for x-ray or off post appointment? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is the PCP's name? \_\_\_\_\_ PCP's Phone Number: \_\_\_\_\_

**\*Cadets / Parents/ Guardians are responsible for obtaining referrals from PCPs\***

Do you have prescription coverage? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide a copy of medical/prescription information including co-payment amount.

PARENT/GUARDIAN CONTACT INFO

Parent/Guardian

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_

Parent/Guardian

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_

EMERGENCY

If parent(s) or guardian(s) listed above cannot be contacted, please notify the following:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

MILITARY INFO

**Military Dependents:**

Military Dependent covered by Tricare \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Please check which coverage: \_\_\_\_\_ Tricare Select \_\_\_\_\_ Tricare Prime \_\_\_\_\_

**PLEASE ALSO INCLUDE A COPY OF THE APPLICANT'S MILITARY ID CARD**

Because of recurrent problems with PCM assignment/referrals for off post care for cadets while here at VMI, we urge switching your cadet to **TRICARE SELECT instead of TRICARE PRIME**. Details are available from your local Tricare Service Center or you may want to visit the TRICARE website <http://www.mytricare.com>

CONSENT

I give consent for my cadet to receive treatment at the VMI Infirmary and for any other treatment or testing needed off post. I will notify the VMI Infirmary immediately of any changes in my cadet's insurance coverage via <http://vmi.medicalconnect.com>.

Date: \_\_\_\_\_ Signature of Parent or Guardian: \_\_\_\_\_

Printed Name of Parent or Guardian: \_\_\_\_\_

NCAA ATHLETES ONLY

**For NCAA Athletes Only**

- I have read and understand VMI's Athletic Insurance policy which is available online at [www.vmi.edu](http://www.vmi.edu). To view policy, click on the following tabs: Athletics, Inside Athletics, Sports Medicine.
- I will comply with all medical insurance policies and procedures, and I agree to the terms of the coverage.
- Following any medical services, I understand that I have 30 days to send bills and explanations of benefits to VMI Sports Medicine or I may become financially responsible.
- I will notify VMI Sports Medicine immediately upon any change in my cadet's health insurance coverage.

Date: \_\_\_\_\_ Signature of Parent or Guardian: \_\_\_\_\_

Printed Name of Parent or Guardian: \_\_\_\_\_

## **MEDICAL RELEASE FORM**

### **CERTIFICATE OF UNDERSTANDING OF THE PHYSICAL AND MENTAL HEALTH REQUIREMENTS FOR THE**

### **VIRGINIA MILITARY INSTITUTE**

This form should be read carefully and must be signed by the applicant, the applicant's parents or guardians and the applicant's physician(s).

The Virginia Military Institute's unique program of undergraduate education requires that cadets fully participate in all aspects of the program and meet its rigorous physical and psychological demands, including the intense fourth-class (rat) year, ROTC physical fitness tests, mandatory Human Performance and Wellness and mandatory ROTC classes, including handling and maintaining weapons.

Examples of the specific demands that will be made are provided below. The list is not intended to be complete, but merely representative of the challenges of the VMI program. It is important to understand that none of these activities or expectations occur in isolation but many in combination. The demands placed upon each cadet's physical and mental resources are purposefully extraordinary, but so is the resulting VMI graduate.

Mandatory Human Performance and Wellness Training Requirements:

Boxing

VMI Fitness Test (Run, Pull-ups, Sit-ups) Swimming

Mandatory Rat Challenge Activities:

5 mile runs

Forced marches of varying length and intensity

High level entry into water

Group and individual obstacle courses

Rappelling (Approximately 150 feet)

Rock climbing

Fourth Class Training:

Intense workouts of 15 minutes or more to include,

Pushups

Running in place

Crunches

Leg lifts

Forced marches

Constant climbing of four (4) flights of stairs

Living Conditions:

Close quarters (4 or more to a room) Minute  
regulation of all aspects of conduct

Constant unpredictable and rigorous demands Extremely  
limited free time

Mandatory mutual reliance upon others (extreme peer pressure)

\_\_\_\_\_ is, to the best of my knowledge, physically and mentally fit and able to meet  
(Appointee's Name)

all the demands of a VMI education.

Date \_\_\_\_\_

Signature of Appointee

Date \_\_\_\_\_

Signature of Parent or Guardian

Date \_\_\_\_\_

Signature of Health Care Provider (MD/DO/NP/PA)

## **VMI PROGRAM REQUIREMENTS**

### Rat Year General Activities

- Straining (at a rigid position, arms at sides, chin in)
- Walking the Ratline (a prescribed route in barracks while straining)
- Climbing stairs at a quick pace to the 4<sup>th</sup> stoop
- Running (1-9 miles over hilly terrain) Marching
- Rifle Manual
- Calisthenics (upper and lower body) Push-ups
- Periods of prolonged standing/walking/marching
- Cadre Week Crucible Event (extended period of physical exertion with intense upper and lower body workouts)
- Periods of high stress from adversarial system (receiving instruction and learning from cadre and upperclassmen in a direct, intense manner) and accomplishing required activities in the time allotted
- Limited free time with busy daily and weekly schedules of academic, military, athletic, and fitness activities
- Limited ability to go off Post during the week
- Early morning wake-ups and long daily schedule Cannot use beds until after 10:15 PM

### Rat Challenge Activities (Tuesdays and Thursdays, Sep – Nov)

- Running (2-7 miles)
- Calisthenics (including push-ups, sit ups)
- Log Physical Training (lifting logs; upper body)
- Obstacle Courses
- Timed Obstacle Course (running, climbing; upper and lower body)
- Rope Climbing (upper body)
- Multiple High Rope Stations (balance, upper body) Multiple Obstacle Stations (upper body)
- Team Wall Climbing (upper body)
- Pull-up and Monkey Bar Stations (upper body)
- Rappelling (upper and lower body)
- Climbing (170 foot cliff and House Mountain; upper and lower body)
- Stretcher Carry and Sandbag Relays (upper and lower body)

### Rat Disciplinary Committee and Rat Training Activities

- Sweat Parties (high impact calisthenics for 15 minute periods)
- Road Marches (3-20 miles with rifles and rucksacks)

- Rat Line Culmination Activities (periods of high intensity workouts with upper and lower body workouts)

#### Human Performance and Wellness Requirements

##### Mandatory boxing class

- Mandatory swimming class
- Other Human Performance and Wellness-course elective requirements

#### Physical Fitness Requirements (All cadets; minimum of twice per semester)

- VMI Fitness Test (pull ups, sit-ups, 2 mile run)
- Service ROTC Fitness Tests (vary by service; 1 ½ -- 3 mile runs, sit-ups, push-ups, and pull-ups included)
- Physical Training Time (PTT) (Mondays and Fridays) and every third Saturday morning (calisthenics, sit-ups, pull-ups, push-ups running 1 ½ --7 miles)
- Remedial Physical Training during free time for VFT and weight/body fat failures

#### Weight and Body Fat Requirements (see website)

#### Other Cadet Activities and Environment

- Attending mandatory class and/or other formations daily Weekly parades and parade practices
- Field Training Exercises (48 – 96 hours at off Post locations; involves sleeping in tents, marching with full packs and weapons; military training exercises)
- Weapons firing and maintenance Rifles and bayonets stored in rooms
- Mandatory events attendance (athletic, distinguished speakers, and other VMI events)
- Non-air conditioned barracks and no refrigerators in rooms 3-5 cadets per barracks room

#### Academic Requirements

- 135 credit hours required for degree completion
- Mandatory 4 years of ROTC and leadership courses
- Mandatory 7 semesters of Human Performance and Wellness Courses
- Minimum 12 credit hours required per semester; normal course load is 15-18 hours