VIRGINIA MILITARY INSTITUTE

CERTIFICATE OF UNDERSTANDING OF THE PHYSICAL AND MENTAL HEALTH REQUIREMENTS FOR VMI

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 freshman (rat) year, ROTC physical fitness tests, mandatory physical education 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 Physical Education and Training Requirements:

- Boxing
- Swimming
- VMI Fitness Test (timed run, push-ups, sit-ups)

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 (e.g. Push-ups, 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, very limited sleep
- Mandatory mutual reliance upon others (extreme peer pressure)

All 6 lines below must be completed, or form cannot be processed

1. _____ is, to the best of my knowledge, physically and mentally fit and able to meet all the demands of a VMI education.
   Applicant's Name (print)

2. _____ Date _____
   Applicant's Signature

3. _____ Date _____
   Parent /Guardian's Signature even if applicant is 18 or older

4. _____ Date _____
   Health Care Provider's Signature (MD/DO/NP/PA)

5. _____ _____
   Printed Name of Health Care Provider or stamp **Provider Telephone Number**

Medical Release

With my signature below, I grant permission for a member of the Medical Staff of the VMI Health Center to communicate with the provider listed above regarding my health/my child's health as it applies to admission to Virginia Military Institute.

6. _____ Date _____
   Applicant's Signature if over 18 **OR Parent/Guardian Signature** if applicant is under 18