

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

Mandatory Rat Challenge Activities:

- Pugil stick training
- 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
(Applicant's Name)

all the demands of a VMI education.

_____ Date _____
Signature of Applicant

_____ Date _____
Signature of Parent or Guardian

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