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 submit a medical packet that includes a medical history, a medical examination, a body fat measurement form, immunizations, and a 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 at 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 14 January 2008), Chapter 2 - Physical Standards for Enlistment, Appointment, and Induction may be consulted. This site may be viewed at [https://www.calculator.net/pdf/r40_501.pdf](https://www.calculator.net/pdf/r40_501.pdf). As detailed below, any applicant 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 applicant’s ability to meet these requirements, additional information may be sought from the applicant and/or his/her physician. Applicants will be encouraged to submit any other supporting documentation that might affect admission decisions. If following review of this information it is determined that an applicant 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 Physical Education Department) with recommendations submitted to the Superintendent for his review and decision regarding admission.

   C. The fact that an applicant 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 Post 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. Applicants 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 applicant, 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 applicant will be able to safely and competently meet the extraordinary stresses of VMI’s program. 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 applicants, 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 applicant is physically and mentally fit to meet those demands. This form must be returned, together with the Health History and Exam Form, 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 evaluation process. Those standards for prospective cadets may be viewed in their entirety at [www.vmi.edu/GeneralOrders](http://www.vmi.edu/GeneralOrders). In some cases where the physical conditioning of an applicant is in question, VMI may require the applicant 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 VFT and the Corps Physical Fitness Program 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 applicant 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 applicant based upon the Physician’s medical determination of the applicant’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 applicant and/or their physician(s) for more information. If upon review of all of this information the Institute Physician determines that the applicant’s ability to meet program requirements is still in question, he 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 Department of Physical Education. Their review and recommendations are forwarded to the Superintendent who makes the final determination on the applicant’s fitness eligibility.

11. **Fitness Eligibility Procedure:** The Institute Physician will review the initial medical packet. If there is a potential medical problem, the applicant will be notified by letter and requested to provide further information about the condition. The applicant will also be encouraged to send any other documentation that might support admission. The applicant 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 applicant has a condition that may prevent safe and complete participation in the VMI training program despite reasonable accommodations, he will forward his assessment to the Commandant, who will in turn forward it to the Head of the Department of Physical Education. Those three officials shall individually review the medical information and each shall make an individual recommendation as to the applicant’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 admission.

12. **Notification of Superintendent’s Determination:** The Superintendent, or his designee, shall notify the offices of the Commandant and Physical Education of any applicant admitted by the Superintendent after the Fitness Review Panel’s review. This step is taken to insure 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:

James P. Inman
Colonel, US Army (Ret.)
Chief of Staff

Appendices:
A—Medical Forms
B—Program Requirements

OPR: Chief of Staff
HISTORY OF HEALTH FORM

This page must be completed by the applicant. All questions must be answered. Please use back of page or additional sheet if needed.

1. Applicant’s Last Name _______________________________ First Name _______________________________ Middle Name _______________________________

2. Date of Birth: _______________________________ 3. Email Address: _______________________________

4. Home Phone: _______________________________ 5. Cell Phone: _______________________________


7. **ALLERGIES:** □ YES □ NO List any known allergies to medications, foods, stings or other substance.
   
   If food or bee allergy: What type of allergic reaction have you had? Symptoms? _______________________________
   
   What type of treatment have you needed for your reaction? _______________________________
   
   Have you ever required emergency room treatment for a reaction? _______________________________
   
   Do you carry an epi pen? ________ If so, have you ever had to use it? _______________________________

8. **MEDICATIONS:** □ YES □ NO List any medications that you take on a regular basis.
   
   _______________________________
   
   _______________________________
   
   _______________________________

9. **SURGERIES:** □ YES □ NO List all past surgeries. (Include dates and indicate if you are fully recovered.)
   
   _______________________________
   
   _______________________________
   
   _______________________________

10. **TATTOOS:** □ YES □ NO List all tattoos. Give description, size and location for each one.

11. Have you had or do you have any of the following conditions: **ALL QUESTIONS MUST BE ANSWERED**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Check each item</th>
<th>Yes</th>
<th>No</th>
<th>Check each item</th>
<th>Yes</th>
<th>No</th>
<th>Check each item</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma or wheezing</td>
<td>Stomach, liver or gallbladder trouble</td>
<td>ADHD</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If inhaler, name: _______________________________</td>
<td>Intestinal problem</td>
<td>Speech disorder</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chronic cough or lung disease</td>
<td>Bleeding problems</td>
<td>Autism or Asperger’s</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chest pain or palpitations</td>
<td>Kidney problems or blood in urine</td>
<td>Anxiety</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart problem or testing</td>
<td>Diabetes</td>
<td>Depression</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any prior restrictions from sports</td>
<td>Tumor or cancer</td>
<td>History of cutting</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fainting or dizziness</td>
<td>Eye issue (other than glasses/contacts)</td>
<td>Attempted suicide/suicidal ideation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Loss of consciousness or concussion</td>
<td>Wear glasses or contacts</td>
<td>Eating disorder</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Epilepsy or fits</td>
<td>Ear, nose or throat problems</td>
<td>Alcohol or other drug problem</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Muscle weakness or paralysis</td>
<td>Hearing problems or hearing aids</td>
<td>Have you engaged in counseling for psychological or mental health reasons?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Swollen or painful joints/arthritis</td>
<td>Tooth or jaw problems</td>
<td>Have you ever been hospitalized for a mental health reason?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bone or joint injury</td>
<td>Frequent or severe headaches/migraines</td>
<td>Have you ever been treated with medications for a psychological condition?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Back pain or back brace</td>
<td>Treatment needed: _______________________________</td>
<td>Frequency: _______________________________</td>
<td>Impact daily activity? _______________________________</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Loss of arm, leg, finger or toe</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

12. Remarks (REQUIRED) - All “yes” answers not explained above, MUST be explained in this section. For all injuries, include dates and indicate if you are fully recovered. Use back of page or additional sheet if necessary.

I understand that failure to report previous physical or mental health conditions will be grounds for termination of my cadetship with forfeiture of appropriate tuition and fees. Additionally, if I have a recurrence of a pre-cadetship disorder, and am not able to participate fully in all aspects of cadet life, I understand that my cadetship could be terminated. I further understand that all medical documentation submitted during the appointment process may be shared with appropriate Institute officials in the case of a medical condition that may disqualify me from further participation as a VMI cadet, or if it is discovered that false, misleading, or inaccurate information has been provided.

Applicant signature (REQUIRED): _______________________________ Date: _______________________________
HISTORY OF PHYSICAL EXAMINATION FORM

THIS PAGE TO BE COMPLETED BY THE PHYSICIAN

APPLICANT’S FULL NAME: ____________________________ Date of Birth ____________________________

(REQUIRED) Blood Pressure ________________ Pulse ________________

**REQUIRED - DISTANCE VISION:**

If applicant does not wear glasses or contacts, please complete:

Uncorrected vision

If applicant wears glasses or contacts, please complete:

Corrected vision

Right 20/ __________ Left 20/ __________

Right 20/ __________ Left 20/ __________

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

<table>
<thead>
<tr>
<th>Normal</th>
<th>Abnormal</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEENT  (Head, eyes, ears, nose, throat)</td>
<td>Skin (Describe any tattoos)</td>
</tr>
<tr>
<td>Teeth and jaw</td>
<td>Spine, other musculoskeletal</td>
</tr>
<tr>
<td>Neck and thyroid</td>
<td>Upper extremities</td>
</tr>
<tr>
<td>Ears (can hear whisper)</td>
<td>Lower extremities</td>
</tr>
<tr>
<td>Eyes</td>
<td>Feet</td>
</tr>
<tr>
<td>Lungs and chest</td>
<td>Neurological</td>
</tr>
<tr>
<td>Heart – (sitting &amp; lying exam)</td>
<td>Males only: REQUIRED</td>
</tr>
<tr>
<td>Vascular System</td>
<td>Testicular exam</td>
</tr>
<tr>
<td>Abdomen</td>
<td>Hernia exam</td>
</tr>
</tbody>
</table>

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? (Required) YES_________ NO_________

The student is cleared for full participation in NCAA athletics and required PE courses. (Required) YES_________ NO_________

How long has your practice known the patient? ____________________________

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 __________
BODY FAT MEASUREMENT FORM

REQUIRED FOR ALL APPLICANTS

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.

Applicant’s Name: __________________________

Male

Height: ________(inches)
Weight: ________(pounds)
Neck: ________(to the nearest ½ inch)
Waist: ________(to the nearest ½ inch)

Female

Height: ________(inches)
Weight: ________(pounds)
Neck: ________(to the nearest ½ inch)
Waist: ________(to the nearest ½ inch)
Hips: ________(to the nearest ½ inch)

SIGNATURE: ____________________________________________

HEALTH PROFESSIONAL, CERTIFIED FITNESS PROFESSIONAL OR HIGH SCHOOL TRAINER

Date: __________________________
VMI IMMUNIZATION RECORD

****This form must be completed and signed by the applicant’s health care provider.****

Applicant’s Name: ______________________ Date of Birth: __/__/__

The following immunizations are required for enrollment at VMI.

1. Diphtheria-Tetanus: (Mandatory)
   (Booster should include Pertussis)
   Date of completion of primary series __/____/____
   Exact date of last booster /______/____ (Should be within 6 years of matriculation)

2. Poliomyelitis: (Mandatory)
   Date of completion of primary series __/____/____
   Date of last booster __/____/____

3. 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 ______/____/____

4. Hepatitis B: (Mandatory)
   Date of 1st dose ______/____/____
   Date of 2nd dose ______/____/____
   Date of 3rd dose ______/____/____

5. Meningococcal Quadrivalent Vaccine (MCV4/ACWY): (Mandatory - One dose after age 16 required)
   Date ______/____/____

6. Chicken Pox (had disease) Yes _____ No _____ or Immunization Dates
   Date of 1st dose ______/____/____
   (2 Doses are mandatory if no disease)
   Date of 2nd dose ______/____/____

7. Tuberculin Test: (Required for applicants who have lived or traveled extensively overseas)
   Date ______/____/____
   Result: (mm induration: ____________________________)
   Chest XRay Results: (only if POSITIVE) ____________________________.
   Treatment? ____________________________

The following immunizations are recommended. If you have not had these vaccines, ask your provider why.

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 ______/____/____

Hepatitis A (Recommended)
   Date of 1st dose ______/____/____
   Date of 2nd dose ______/____/____

Meningococcal B (Optional) 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 ______/____/____

__________________________
Health Care Provider’s Signature

__________________________
Printed Name

__________________________
City, State Zip Code

__________________________
Area Code & Phone Number

__________________________
Date
Appendix B

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 4th 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 11:15 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)
Pugil Stick Training (upper body with physical impacts)
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)

Physical Education Requirements
Mandatory boxing class
Mandatory swimming class
Wrestling class
Other P.E. course elective requirements

Physical Fitness Requirements (All cadets; minimum of twice per semester)
VMI Fitness Test (pull ups, sit-ups, 1 ½ 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 4 years of Physical Education courses
Minimum 12 credit hours required per semester; normal course load is 15-18 hours
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 all the demands of a VMI education.

(Applicant’s Name) ___________________________ Date __________________

__________________________________________ Date __________________
Signature of Applicant

__________________________________________ Date __________________
Signature of Parent or Guardian

__________________________________________ Date __________________
Signature of Health Care Provider (MD/DQ/NP/PA)