

# VIRGINIA MILITARY INSTITUTE

LEXINGTON, VIRGINIA 24450-0304

INSTITUTE PHYSICIAN  
VMI INFIRMARY  
Phone 540-464-7218  
Fax 540-464-7707  
Virginia Relay/TDD 711

**Health Update** This form is to insure that VMI provides you with adequate medical assistance on your return and is not used for readmission evaluation.

Cadet Name: \_\_\_\_\_

Returning Semester: \_\_\_\_\_ Major: \_\_\_\_\_

Since you left VMI, have you had any significant medical or psychological problems?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe briefly the condition and list any medication you take.

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Please send any medical record related to health problems to:

Melissa S. Krawiec, D.O.  
VMI Infirmary  
448 Institute Hill  
Lexington, VA 24450  
Fax: 540-464-7707

Cadet Signature: \_\_\_\_\_ Date: \_\_\_\_\_