

Virginia Military Institute

Physical Qualifications Statement

INSTRUCTIONS: *Please print, obtain the necessary signatures and return to:*

Virginia Military Institute
Registrar's Office
303 Shell Hall
Lexington, VA 24450
FAX #: 540-464-7726

TO: VMI Readmission Committee

FROM: Cadet Name: _____ Original Class _____

VMI ID#: _____ Email: _____

SUBJECT: *Physical Qualifications Statement*

I have been away from VMI since _____ and wish to be readmitted for the 20____ Fall Spring (check one) semester. I have had no physical or mental illness which will prevent me from performing all required cadet activities both academic and co-curricular. I understand that I must report to the **Post Physician** during the first week I return to VMI.

Please provide the following information:

Current Weight: _____

Current Height: _____

Cadet Signature: _____ **Date:** _____

Note: Cadets that left VMI on an approved medical leave must also include a physician's letter of support.

Updated 9/2010