VMI Infirmary Instructions for Medical Requirements

PLEASE **DO NOT** UPLOAD MEDICAL FORMS TO ADMISSIONS. PLEASE **DO NOT** MAIL, FAX OR EMAIL COMPLETED FORMS. Medical forms MUST be uploaded at https://vmi.medicatconnect.com

Questions? Please contact us at 540-464-7218 or Email: Infirmaryadmin@vmi.edu

STEP 1:

Register for the VMI Infirmary Medicat portal: Go to https://vmi.medicatconnect.com

- 1. Click Register to create your user name and password
- 2. Once you click submit, an email will be sent to the **email** on file with the VMI Admissions office and will include a link to create your password. If you do not receive the email, please check your junk or spam folders. Please make sure you use the correct email address.

Your password must include:

- A special character
- A mix of letters and numbers
- A mix of upper and lower case
- A minimum of 5 characters

STEP 2:

The following medical forms are included in this packet and must be completed as explained on enclosed Medical Checklist:

Completed by Health Care Provider:

- 1. Physical Examination form
- 2. Body Fat Measurement form
- 3. Immunization Record
- 4. Medical Release (Certificate of Understanding) form health care provider must sign

Completed by applicant:

- 1. Online VMI Health History (Complete online at https://vmi.medicatconnect.com)
- 2. Cadet Health Insurance form (Complete 2 pages AND upload front/back insurance card)
- 3. Medical Release (Certificate of Understanding) form -applicant & parent/guardian must sign

STEP 3:

Log in to your VMI Infirmary Medicat portal account at https://vmi.medicatconnect.com to complete the following:

- 1. Select "Forms" to complete your online VMI Health History
- 2. Select "Immunizations" and manually enter the dates from the immunization form completed by your healthcare provider. This step is REQUIRED IN ADDITION to uploading the form.
- 3. **Upload** the following completed forms *(from Step 2):*
 - a. Physical Examination Form
 - b. Body Fat Measurement form
 - c. Immunization Record
 - d. Medical Release (Certificate of Understanding) form
 - e. Cadet Health Insurance form
- 4. Select **Insurance**, enter your insurance company information and upload copy/photo of both sides of health insurance card.