#### VIRGINIA MILITARY INSTITUTE Lexington, Virginia

GENERAL ORDER) NUMBER 20)

7 February 2018

## 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 <a href="https://www.calculator.net/pdf/r40\_501.pdf">https://www.calculator.net/pdf/r40\_501.pdf</a>. 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 <a href="https://www.vmi.edu/GeneralOrders">www.vmi.edu/GeneralOrders</a>. 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 <a href="https://www.vmi.edu/GeneralOrders">www.vmi.edu/GeneralOrders</a> (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.

,	Applicant's Last Name			First Name			Middle Name	
2. [	Date of Birth:				3. Email Address:			
4. I	Home	e Phone:			5. Cell Phone:			
5. 9	Stree	t Address:						
(	City:				State:			Zip Code:
							tanco	
_		· ·						
٧	Vhat	type of treatment have you needed for	r your	reac	ve you had? Symptoms?tion?			
	iave y	you ever required emergency room tro	eatme	nt for	a reaction?er had to use it?er			
					ns that you take on a regular basis.			
_								
9.	SUR	GERIES: □ YES □ NO List all pas	t surg	eries	s. (Include <b>dates</b> and indicate if you a	are <b>ful</b> l	ly re	covered.)
_					,		-	·
	T A T	FOOS: - VES - NO List all task		<b>~:</b>	d	-l		
.0.	IAI	IOOS: DYES DINO LIST All tatt	00S. (	Give	description, size and location for each	cn one		
1. Ha	ave y	ou had or do you have any of the	follow	ing c	onditions: ALL QUESTIONS MUST B	E ANS	WER	ED
Yes	No	Check each item	Yes	No	Check each item	Yes	No	Check each item
		Asthma or wheezing			Stomach, liver or gallbladder trouble			ADHD
		If inhaler, name:	_		Intestinal problem			Speech disorder
		Chronic cough or lung disease			Bleeding problems			Autism or Asperger's
		Chest pain or palpitations			Kidney problems or blood in urine			Anxiety
		Heart problem or testing			Diabetes			Depression
		Any prior restrictions from sports			Tumor or cancer			History of cutting
		Fainting or dizziness			Eye issue (other than glasses/contacts)			Attempted suicide/suicidal ideation
		Loss of consciousness or concussion			Wear glasses or contacts			Eating disorder
		Epilepsy or fits			Ear, nose or throat problems			Alcohol or other drug problem
		Muscle weakness or paralysis			Hearing problems or hearing aids			Have you engaged in counseling for
		Swollen or painful joints/arthritis			Tooth or jaw problems			psychological or mental health reasons?
		Bone or joint injury			Frequent or severe headaches/migraines			Have you ever been hospitalized for a mental health reason?
		Back pain or back brace			Treatment needed:			
		Loss of arm, leg, finger or toe	1		Frequency: Impact daily activity?	- -		Have you ever been treated with medications for a psychological condition?
12. R	emar	ks (REOUIRED) - All "ves" answers no	t exnla	ined	above, MUST be explained in this secti	on. Fo	r all	injuries, include dates and indicate if
		Ily recovered. Use back of page or a	-					
unde	rstand	I that failure to report previous physical or	mental	health	conditions will be grounds for termination c	of my car	detsh	ip with forfeiture of appropriate tuition and
ees. A	Additio	onally, if I have a recurrence of a pre-cadets	ship dis	order,	and am not able to participate fully in all asp	ects of	cadet	life, I understand that my cadetship could be
					omitted during the appointment process may n as a VMI cadet, or if it is discovered that fal			
		· . /p=0!!!p=p\	-		,			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 _	
REC	QUIRED - DISTANCE VISION:
If applicant <i>does not</i> wear glasses or contacts, please comple  Uncorrected vision	The state of the s
Right 20/ Left 20/	Right 20/ Left 20/
CLINICAL EVALUATION (Che	eck each item in appropriate column)
Normal Abnormal	Normal Abnormal
HEENT (Head, eyes, ears, nose, throat)	Skin (Describe any tattoos)
Teeth and jaw	Spine, other musculoskeletal
Neck and thyroid	Upper extremities
Ears (can hear whisper)	Lower extremities
Eyes	Feet
Lungs and chest	Neurological
Heart – (sitting & lying exam)	Males only: (REQUIRED)
Vascular System	Testicular exam
Abdomen	Hernia exam
	NO(If yes, describe in detail. Use additional sheet
The student may participate in VMI's required boxing course? (Required	
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
	SignatureMD/DO/NP/PA
CityState	_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:
<u>Male</u>
Height:(inches)
Weight:(pounds)
Neck:(to the nearest ½ inch)
Waist:(to the nearest ½ inch)
<u>Female</u>
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 <u>completed</u> and signed by the applicant's health care provider.\*\*\*

Applicant's Name: D	Date of Birth:/
The following immunizations are required for enro	llment 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): <b>(Mandatory) TWO IMMUNIZATIONS REQUIRED.</b> THE FIRST ONE SECOND ONE NO SOONER THAN ONE MONTH LAT Date of 1 <sup>st</sup> dose//  Date of 2 <sup>nd</sup> dose//	
4. Hepatitis B: <b>(Mandatory)</b> Date of 1 <sup>st</sup> dose//  Date of 2 <sup>nd</sup> dose//  Date of 3 <sup>rd</sup> dose//	
5. Meningococcal Quadrivalent Vaccine (MCV4/ACWY)  Date/	: (Mandatory - One dose after age 16 required)
	or Immunization Dates Date of 1 <sup>st</sup> dose/ atory if no disease) Date of 2 <sup>nd</sup> dose/
7. Tuberculin Test: (Required for applicants who have li Date// Result: (mm industrial Chest XRay Results: (only if POSITIVE)  Treatment?	ration:)
The following immunizations are recommended. If you h	ave not had these vaccines, ask your provider why.
HPV (HUMAN PAPILLOMAVIRUS VACCINE) <b>(Highly Reco</b> Applicant had the $\Box$ 2 dose <b>OR</b> $\Box$ 3 dose series Date of 1 <sup>st</sup> dose// Date of 2 <sup>nd</sup> dose// Date of 3 <sup>rd</sup> dose//	ommended)
Hepatitis A (Recommended)  Date of 1 <sup>st</sup> dose//  Date of 2 <sup>nd</sup> dose//	
Meningococcal B (Optional) Discuss with your provider Applicant had the □ 2 dose <b>OR</b> □ 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

#### 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 4<sup>th</sup> 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 % --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 Physica	l Education and Tra	aining Requirements:				
	Boxing					
	VMI Fitness Tes	t (Run, Pull-ups, Sit-ups)				
	Swimming					
Mandatory Rat Cha	llenge Activities:					
•	Pugil stick traini	ng				
	5 mile runs					
	Forced marches	s of varying length and intensity				
	High level entry					
	-	vidual obstacle courses				
		roximately 150 feet)				
	Rock climbing					
Fourth Class Training:	Intoneo worker	to of 15 minutes or mare to include				
	Intense workouts of 15 minutes or more to include, Pushups					
	Running in place	۵				
	Crunches	<del>-</del>				
	Leg lifts					
	Forced marches					
	Constant climbi	ng of four (4) flights of stairs				
Living Conditions:	Close quarters (	4 or more to a room) Minute				
	•	aspects of conduct				
		dictable and rigorous demands				
	Extremely limite	_				
	-	rual reliance upon others (extreme peer pressure)				
		is, to the best of my knowledge, physically and mentally fit and				
(Annlice	nt's Name)	able to meet all the demands of a VMI education.				
(Аррпса	iit s Name)	able to meet all the demands of a vivil education.				
		Date				
Signature	e of Applicant					
		Date				
Signature	e of Parent or Guar	dian				
		Date				
Signature	e of Health Care Pr	ovider (MD/DO/NP/PA)				