

Required Forms Checklist

- 1.) **Schedule a medical examination/check-up.**
(If you have passed a DODMERB physical, skip to Step 4.)
 - A copy of your DODMERB status indicating you've passed or have been waived, should be returned in lieu of Forms 3 & 4.
 - This physical is separate from the immunization forms you are required to return to the Virginia Tech Schiffert Health Center! Please DO NOT mail us your immunizations forms, they go to Schiffert Health Center.

- 2.) **Before your exam, go to New Cadet FAQs**
(<http://www.vtcc.vt.edu/Prospect/FAQ.php>) fill in the information in Form 3: Report of Medical History online, & print a copy to take with you to your doctor's appointment.

- 3.) **During your examination/check-up, have your physician complete and sign Forms 3 & 4.**

- 4.) **Make a photo copy of the front *and* back of your parents' health insurance card or HMO card that you (the cadet) are covered under.**

- 5.) **Go online and complete your Personal Data & Student Profile here:**
<https://survey.vt.edu/survey/entry.jsp?id=1208964975174>

- 6.) **Please also go online and fill out the Medical Information Survey.**
Pay particular attention to correctly reporting the *all* medications you take, or will be taking during New Cadet Week in August.
<https://survey.vt.edu/survey/entry.jsp?id=1240790790894>

- 7.) **Sign Forms 1 & 2, then no later than 15 June 2009, send the completed forms & the copy of your insurance card to:**

**Virginia Tech
Office of the Commandant
143 Brodie Hall (0213)
Blacksburg, VA 24061**

**OR fax them to: (540) 231-3443,
OR scan and email them to
corpsocadets@vt.edu**

Check the forms off below to ensure you have included them all.

Photo Copy of Insurance Card/Military ID Card
Form 1: Acknowledgement of the Board of Visitors'
Cadet Participation Policy

Form 2: Medical Care Authorization

Form 3: Report of Medical History (download from our website)

Form 4: Report of Medical Examination

OR {

Copy of
DODMERB
Qualification

FORM 1
MEDICAL CARE AUTHORIZATION

We are providing this form in an effort to provide the best quality medical care in the event a new cadet becomes sick or injured. We intend to involve the parents or legal guardians in any significant medical treatment but medical care may be required when a parent or guardian is not available. **Please sign and return the statement below, along with your other new cadet forms by 15 June 2009.**

Please include with this form a copy (front and back) of the health insurance card or HMO card that your son/daughter is covered under. This is a precaution to prevent unnecessary medical expenses in the event that your son/daughter needs to seek medical treatment.

I hereby grant permission for my son/daughter to receive medical attention while participating in the New Cadet Training Program and related activities should the need arise. This includes medical attention in cases of emergencies.

New Cadet Name: _____

Student ID Number: _____

Parent or Guardian Name: _____
(print name)

Parent or Guardian Signature: _____

Date: _____

FORM 2
BOARD OF VISITORS'
CADET PARTICIPATION POLICY

Please sign this statement indicating that you have read and understand the Virginia Tech Board of Visitors' policy regarding cadet participation in the Corps of Cadets and the consequences of withdrawing from the Corps of Cadets prior to the last day to drop classes.

1. Pursuant to the student life policy established and directed by the Board of Visitors of Virginia Tech, all first semester students electing participation in the Virginia Tech Corps of Cadets are required to maintain their student status as a cadet and may not withdraw from the Cadet Regiment and change to civilian student status until **the last day to drop a class without penalty** (after approximately six weeks of class).
2. Once in-processed, first semester students who desire to withdraw from the Cadet Regiment prior the "last day to drop a class without penalty" must withdraw from the University and re-enroll at Virginia Tech the next semester.
3. I understand and acknowledge the Board of Visitors' cadet participation and withdrawal policy and accept enrollment into the Corps of Cadets.

Signed Name

Student ID Number

Printed Name

Date

INFORMATION SHARING WAIVER

I grant permission for the Commandant of Cadets and his staff to discuss Corps matters with my parents/legal guardians.

_____ Yes

_____ No

Signature: _____ Date: _____

USE OF PICTURES

I give my permission to use pictures of myself as an individual or in a group for use public affairs usage.

_____ Yes

_____ No

Signature: _____ Date: _____

FORM 3: Medical History Instructions

(the actual form can be filled out online at <http://www.vtcc.vt.edu/Prospect/FAQ.php>, and printed)

SF 93 Instructions/Addendum

- 1 Please complete the SF-93 and answer all questions. **Please print.**
- 2 Pay particular attention to the following blocks of information.

Specific instructions follow regarding this requested information:

Block 1: Name (Last, First, Middle Initial)

Blocks 4a-4d: Your home address

Block 6: Response is "Corps of Cadets exam"

Block 7b: List your current medications.

If none-state "None"

Block 7c: List any allergies that you might have.

If none-state "None"

Block 7d: Indicate your height

Block 7e: Indicate your current weight

Block 23: Bring your records of all immunizations received with
you when you complete your physical.

Block 24a-c: Print your name/sign/ and date the SF 93

3. If you have answered "Yes" to any question on the SF 93, you must provide a **detailed description** of this history, to include:

- ✓ the dates of occurrence,
- ✓ what occurred,
- ✓ if and when any treatments,
- ✓ medications and/or surgeries were received,
- ✓ if any work was missed,
- ✓ the current status of this condition,
- ✓ if there are any related restrictions or limitations,
- ✓ and details for any history of hospitalizations

4. If you take any medications, either regularly or occasionally, you must indicate the following:

- ✓ What medical condition(s) do you use these medications to treat?
- ✓ How long have you been affected by this condition (include the date of diagnosis)?
- ✓ Have there been any doctor visits, hospitalizations, surgeries, or other treatments relating to these medical conditions? Is so, when?
- ✓ Have you missed school or work due to these medical conditions? If so, when?
- ✓ Do you have any current related restrictions or limitations?
- ✓ How many times in the past 60 days have you taken these medications?

Write your answers to Q4 on a separate document, sign and date it, and attach it to the SF 93 form. Take both pages of the SF 93 and your additional answers to Q4 to your scheduled physical. SF 93 requires a doctor's signature on the second page – make sure it's signed before returning it!

FORM 4

REPORT OF MEDICAL EXAMINATION

Last Name First Name Middle Name Age

INSTRUCTION FOR MEDICAL EXAMINER

The standard for acceptance into the Virginia Tech Corps of Cadets is the ability to fully participate in training activities. This includes strenuous physical exercise and activities which may occur in a hot and humid environment. Defects that have the potential to result in illness or injury brought on by physical exercise should be identified and other condition(s) which could interfere with full and unrestricted participation need to be listed and evaluated. Conditions that will or are likely to require treatment, particularly unresolved injuries and recurrent illnesses also must be listed. **It is imperative that ALL the listed tests be done and all questions answered.**

Height: Ft. ____ In. ____ Weight: ____ lbs. Obese: Yes ____ No ____ Pulse: ____

Blood Pressure ____/____

Eyes, ears, nose: _____

Vision: Wear glasses: Yes ____ No ____ Wears contacts: Yes ____ No ____

Lungs _____ Heart _____ Abdomen _____ Genitalia _____ Hernia _____

Spine _____

Orthopedic oriented examination (evaluation of conditions that may limit involvement in physical activities --i.e., sports, physical training, etc.):

Body Symmetry: _____ Cervical Spine Motion: _____ Upper Body Flexibility: _____

Lower Body Flexibility: _____ Knee Stability: _____ Other: _____

Remarks: _____

It is the opinion of the medical examiner that this examinee has _____ /
does not have _____ a communicable (or other) disease, injury, or other condition that will restrict
his/her participation in the Corps of Cadets Program. (List any disqualifying defects above.)

Signature

Typed or printed name of medical examiner

Date