

College Orientation Workshop
At the Virginia Military Institute
"A Step Towards a Better Tomorrow"

Health Examination by Licensed Physician

1. I have examined _____ and in my opinion, his condition does / does not preclude his participation in all activities required which include a vigorous physical training program. Date of examination _____

The applicant is under the care of a physician for the following conditions:

Current treatment (including current medications) _____

4. Explanation of any reported loss of consciousness, convulsions, or concussions.

5. Does applicant have epilepsy? Yes _____ No _____

6. Does applicant have diabetes? Yes _____ No _____

7. Recommendations while at COW:

Any treatment to be administered? _____

Any medication to be administered? _____

Any dietary restrictions? _____

Any allergies (food, drugs, plants, and insects, etc)? _____

Any diseases or viruses (HIV, hepatitis, etc)? _____

Any additional health information: _____

8. Does the applicant have any known issues, medical or emotional, that we need to be aware of as part of his participation in this program? Yes _____ No _____ Explain if Yes: _____

Licensed physician's signature _____

Telephone _____

Address: _____ Date _____