

**Texas A&M Corps of Cadets**  
**Report of Initial Medical/Psychological Release Form**

To facilitate your admittance into the Corps of Cadets, the Office of the Commandant requires you to provide your health and medical history to verify you are medically able to meet the requirements of being a cadet.

This form will be completed in addition to any university health form or ROTC scholarship physical forms you may be required to complete.

Instructions to complete this form:

- Forms are considered complete once they have been signed by a physician.
- Completed forms should be emailed to [corpsops@corps.tamu.edu](mailto:corpsops@corps.tamu.edu) by August 1, 2022.
- If you do not email your completed form by the deadline, bring a copy of the completed form with you to Freshman Orientation Week check in on August 10, 2022 for members of the Fightin' Texas Aggie Band and August 13, 2022 for all other incoming cadets.
- Failure to complete the form and/or return it prior to or at FOW check in will result in an exam being conducted by a local physician at your expense.
- No new cadet will be allowed to participate in any physical exercise or physical training until a current, completed form is on file with the Office of the Commandant.

Should you have any questions, email [corpsops@corps.tamu.edu](mailto:corpsops@corps.tamu.edu).

# TAMU CORPS OF CADETS REPORT OF INITIAL MEDICAL/PSYCHOLOGICAL RELEASE

*To be completed by Cadet*

University Identification Number (UIN) : \_\_\_/\_\_\_/\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M F

Home Address: \_\_\_\_\_  
Street City State Zip Code

Health / Accident Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_

ATTACH A PHOTO COPY OF BOTH SIDES OF INSURANCE CARD, IF NO INSURANCE STATE 'NONE'

In Case of Emergency, notify

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternative Phone # \_\_\_\_\_

The Cadet lifestyle is a highly structured program that is both **PHYSICALLY** and **MENTALLY** rigorous, designed to safely challenge cadets. Examples of typical activities are listed below and are detailed in Standard Orders (Corps Operating Procedures).

WEEKDAYS: 0545 Rise. 2300 lights out Su-Th (may study later if desired). Physical Training and Unit Activities are conducted 0600-0700 and 1630 - 1800 during the week. Mandatory study occurs 1930-2300 Su-Th for underclassmen. 0730-1630 M-F is characterized by minimum interaction with upperclassmen, with study encouraged and rest or individual free time allowed.

Physical Training (PT) is designed to attain and maintain an acceptable level of fitness for each cadet. Physically able cadets are required to pass the Corps Physical Fitness Test (PFT), involving the execution of pushups, sit ups, and a 1.5 mile run. In addition, cadets that have a military contract/scholarship are required to pass the physical requirements for their branch of service, which in some cases is more difficult than the Corps PFT. Cadets are also expected to meet and maintain a weight standard (or alternatively a body fat content percentage). New cadets have the entire academic year to attain the standards for weight and PFT. Thereafter, cadets must maintain the weight and PFT standards every semester to remain in the Corps.

Unit organized activities are designed to enhance *Espirit de Corps*, as such, the goal is for all members to participate. Activities include close order drill, outfit runs, crossfit workouts, 2 to 5 mile ability group runs, organized sports, and obstacle/stamina course events and other strenuous activities. Cadets must be physically fit or willing to work toward becoming fit.

Corrective or incentive physical exercise is allowed as an option for discipline infractions when properly supervised by designated cadets. Remedial physical fitness for those unable to meet weight / PFT standards is limited to 50 minutes (including warm up and cool down) per day and must be supervised by an upper class cadet in accordance with the ability grouping concept using progressive building of performance toward meeting minimum PT and weight standards.

I certify I have reviewed the list of typical activities and feel I (my child) am (is) mentally and physically healthy and therefore capable of undertaking these activities. I also agree any medical concerns as noted by the physician on page 2 (reverse) can be disclosed to individuals within the TAMU Commandant's Staff and the Corps of Cadets organization responsible for my (my child's) health and wellbeing. I (My child) fully assume(s) the responsibility to immediately notify the TAMU Commandant's Staff and the Corps of Cadets organization of any updates if my (my child's) medical condition changes for any reason. I (My child) further consent to medical treatment for minor injuries incurred during physical exercise as long as performed by qualified medical personnel.

Cadet's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature (if Cadet is under age 18): \_\_\_\_\_ Date: \_\_\_\_\_

Updated: 1 June 2021

SEE REVERSE

**To be completed by a Medical Physician**

I certify I have reviewed the lifestyle and activities listed on the previous page. It is my medical opinion the student indicated is capable of participating in Corps activities as describe on the reverse side.

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In order for the staff to be adequately aware and plan accordingly for specific level of cadet participation, all medical conditions that may impact a cadet's involvement in corps activities, as well as prolonged standing and marching, should be identified and listed below. List any medical concerns (i.e. limiting medical, psychological or emotional conditions that require medication, attention deficiencies, and other significant medication requirements). :

**Existing Medical Concerns or Conditions limiting participation in Corps Activities (Please print or type):**

**\*\*More space to elaborate conditions continued on next page.**

**\*\*If "Yes", please attach additional paperwork/doctor's clearance for Corps activities necessary?**

Yes	No	Condition	Diagnosed	Comments	Phys. Signature
		Asthma / Last Attack _____			
		Current Medication _____			
		Allergies / Skin conditions			
		High Blood Pressure			
		Heart Disease/Family History of H.D.			
		Stroke			
		Lung / Respiratory Disease			
		Ear/ Sinus Problems			
		Muscular/Skeletal Problems			
		Specific Injury _____			
		Menstrual Problems (Females)			
		Bleeding Disorders			
		Fainting Spells			
		Thyroid Disease			
		Kidney Disease			
		Sickle Cell Disease			
		Seizures/ Last Seizure _____			
		*Currently Treating Y / N			
		Sleep Disorders			
		Abdominal/Digestive Problems			
		Surgery			
		Type: _____			
		Date Performed: _____			
		Serious Injury / Covid Complications			
		Type: _____			
		Head Trauma/Concussion			
		Emotional/Psychiatric/Psychological			
		Diabetes ( Type 1 / Type 2 )			
		Behavior Disorders			
		-ADHD, ADD, etc			
		Developmental Disorders			
		-Austism, Asperger Syndrome, etc.			
		Vision			
		Glasses / Contacts			
		Hearing			

Have you had or do you have any of the following: ALL QUESTIONS MUST BE ANSWERED

Yes	No		Yes	No	In the last three (3) months:
		Anxiety			Difficulty sleeping
		Depression			Changes in behavior
		History of cutting			Increased alcohol consumption
		Suicidal Ideation			Increased desire to consume alcohol
		Attempted Suicide			Have any thoughts of hurting yourself
		Eating Disorder			Have any thoughts of hurting others
		Counseling for psychological reasons			Need any medicinal help sleeping
		Hospitalization for mental health reasons			Feelings of dread/sadness/hopelessness
		Medication for a psychological condition			Wanted to talk to a medical professional
		Difficulty adjusting to new environments			(Mental/psychological)

If you answered "Yes" to any of the questions listed, please contact a counseling service provider.

Additional Comments (may be used to elaborate on issues identified on page 2):

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\_\_\_\_\_ I have no existing medical concerns or limiting medical conditions.

Cadet's (Parent) Initials

Required Medications:

(Please print or type)

\_\_\_\_\_ I do not require or take any medications.

Cadet's (Parent) Initials

Email as a PDF to [corpsops@corps.tamu.edu](mailto:corpsops@corps.tamu.edu) or mail to Office of the Commandant, Attn: Ops and Training, Texas A&M University, 1227 TAMU, College Station, TX 77843-1227  
 For more info you can call us at 979-862-4311