Texas A&M Corps of Cadets

Preparticipation 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 and/or identify to our athletic trainers and staff any permanent limitations.

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

REQUIRED STEP: Email completed forms to corps-atr@tamu.edu as a PDF no later than August 1st.

Preparticipation forms should be completed no sooner than May 1st of the current application year and **will not be accepted dated prior to May 1st.**

- Forms are considered complete once they have been signed by a physician, physician assistant or nurse practitioner.
- It is recommended you bring a copy of the completed form with you to Fall Orientation Week/Spring Orientation Week check in.
- Failure to complete the form and/or return it prior to or at FOW/SOW 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.
- *Once submitted, please give a few weeks for your paperwork to be reviewed and your account updated.*

Email corps-atr@tamu.edu with any questions.

Note:

Any permanent physical or mental condition (even a severe food allergy), see Disability Resources at https://disability.tamu.edu/ on how to request an accommodation and advocate for yourself.

To allow the Corps of Cadets to have access to medical information regarding any disabilities or accommodation, please complete a "Release of Information Form" with Disability Resources.

CORPS OF CADETS PREPARTICIPATION PHYSICAL EVALUATION – MEDICAL HISTORY

To be completed by Cadet:

University Identification Number (UIN) :☐☐☐/00/☐☐☐☐ Phone:_____ Sex: M F

Name:_____ D.O.B. ☐☐/☐☐/☐☐ (MM/DD/YY)

Age:____ Email:_____ Anticipated College Graduation Year:_____

Home Address:_____

Street City State Zip Code

In Case of Emergency, notify:

Name _____ Relationship _____

Address _____

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: 0530 Rise. 2200 lights out Su-Th (may study later if desired). Physical Training and Unit Activities are conducted 0545-0700 and 1630 - 1800 during the week. Mandatory study occurs 1930-2200 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 style workouts, 2 to 5 mile ability group runs, organized sports, and obstacle 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 the following pages of this preparticipation physical evaluation – medical history 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: September 2026

PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY

To be completed by a physician

I certify that 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 described on the reverse side.

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 the next page.

Yes	No	Condition	Diagnosed Date	Comments	Phys. Signature
		Asthma / Last Attack _____ Inhaler Use: YES / NO			
		High Blood Pressure			
		Heart Disease/Family History of H.D.			
		Other Cardiac Disorder			
		Fainting Spells			
		Stroke			
		Head Trauma / Concussion			
		Seizure / Last Seizure _____			
		Lung / Respiratory Disease			
		Ear / Sinus Problems			
		Menstrual Problems (Females)			
		Bleeding Disorders			
		Sickle Cell Disease			
		Kidney Disease			
		Thyroid Disease			
		Diabetes (Type 1 / Type 2)			
		Other Endocrine Disorder			
		Abdominal / Digestive Problems			
		Sleep Disorder			
		Psychiatric / Psychological Disorder			
		ADHD			
		Spectrum Disorder			
		Vision Disorder			
		Hearing Disorder			
		Skin Disorder			
		Musculoskeletal Disorder			
		Surgery: _____ _____	Procedure Date:		

How would you rate your current fitness level within the last year? Mild____ Moderate____ Elite ____

(Mild: 0-1 >30-min workouts/week; Mod: 2-4 >30-min workouts/week; Elite: 5+ >30-min workouts/week)

Please list any allergies you have been diagnosed with:

_____

_____

Does your allergy require you to carry any EpiPen? YES / NO

Other than an EpiPen, do you require the use of any medications? Please Initial

_____ Yes (If yes, please list below:)

_____ No, I do not require or take any prescribed medications.

Medication Name	**Dosage**	**Frequency**	**Related medical condition**

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

_____

_____

_____

_____

_____

CLEARANCE

☐ **Cleared**

☐ **Cleared after completing evaluation/rehabilitation for:**_____

_____

☐ **Not cleared for**: _____

Recommendations:_____

_____

The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, or a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners

Examination forms signed by any other health care practitioner will not be accepted.

Physician Name (print/type) _____ Date of Examination: _____

Address: _____ Phone Number:_____

Signature: _____