

THE CITADEL
The Military College of South Carolina
171 Moultrie Street
Charleston, South Carolina 29409

Dear Incoming Cadets and Parents:

The Citadel bases its medical requirements on Department of Defense standards for military induction (DoD Instruction 6130.4). Physical challenges at The Citadel are the equivalent of those in military Basic Training, although lasting significantly longer, and The Citadel program places significant mental and physical stresses on cadets. Thus any condition which limits full participation, especially during the first few weeks of the Knob Year, will be grounds for rejection of a prospective cadet's application or the convening of a Medical Review Board to evaluate suitability for continuation in the Corps of Cadets. Some medical conditions are clearly inconsistent with life in the Corps of Cadets; e.g., diabetes, shoulder or knee instability, blindness, hemophilia, etc. However some minor conditions can be accepted with a waiver. Examples include well-controlled asthma, mild hearing loss, fully-corrected vision problems, and ADD/ADHD.

Enclosed are the Medical History and Physical Examination forms for candidates applying for admission to The Citadel. Please fill in and sign the section on **Medical History** and have your physician (MD or DO) complete the **Physical Examination** section within six months of matriculation. Positive answers on the forms must be fully explained. Note that **height and weight, lab tests (CBC and Urinalysis), immunizations, and supplemental health insurance information are all required for admission.** There are many more applicants than available slots for each entering class, so a delay in returning medical forms may prevent your admission in the desired year. **All medical forms must be received before May 1st.**

Please note that the failure to report significant pre-existing medical or psychiatric conditions will be grounds for termination of your cadet career, with forfeiture of appropriate tuition and fees. This applies to active conditions which could affect participation in military, athletic and academic programs, as well as past medical or psychiatric conditions.

If you have a history of asthma, fully-treated orthopedic injuries, a transient mental-health condition, or another minor medical condition or illness, we will also ask you for a current status report by treating physicians or mental health professionals. In some cases, a medical waiver can be granted based on favorable supplemental reports. Physicians or mental health professionals are asked to mail reports directly to The Citadel Infirmary, 171 Moultrie Street, Charleston, SC 29409-6390. If preferred, they may FAX them to us at (843) 953-5283. We carefully review these documents before granting medical clearance to attend The Citadel. **All supplemental medical reports must be received by June 1st.**

If you develop a significant illness or injury after submitting your forms, or experience the worsening of a previous condition, have your doctor forward an interim report describing your current medical status. The report must address your ability to run, do sit-ups and push-ups, march while carrying a rifle, and participate in sports activities at the time of matriculation. Unfortunately almost every year a prospective cadet arrives at The Citadel who is unable to matriculate because of an unreported medical condition preventing full participation in Knob training. To avoid unnecessary expense and frustration, we require that interim medical reports be received at the earliest possible time before matriculation.

The Infirmary treats most illnesses, minor injuries and emergencies, as well as providing short-term inpatient medical care on campus. Occasionally it will be necessary to refer cadets to local specialists or hospitals for diagnosis and/or treatments not available at the Infirmary. The enclosed **Medical Emergency Form**, when signed, authorizes us to secure appropriate medical, surgical, dental, or psychiatric treatment in case of an emergency. Please note that under federal privacy laws, we are required to obtain your permission before sharing any medical information with parents, guardians, school officials, etc.

Infirmary out-patient and in-patient services are covered by annual college fees, but off-campus doctor visits, ER visits, and hospitalizations are not. Therefore The Citadel requires that **ALL cadets must be covered under supplemental health insurance** (either a family policy or individual student policy). Information about student health insurance, and other medical topics of interest, is available on The Citadel website, <http://citadel.edu>, under "Infirmary."

One frequently-asked question is whether we accept DoDMERB physical exams. We do, but obtaining a signed DoDMERB Physical Exam form can often be difficult. The physical exam must document Height, Weight, Blood Pressure and Lab results (CBC and UA). **Also, in all cases**, you must also fill out and sign The Citadel Medical History, The Citadel Immunization Record, and The Citadel Medical Emergency forms. **All forms must be received before May 1st, as explained above.**

If you have questions about medical standards for admission, medical forms, privacy laws, emergency treatment, or Infirmary services, please call (800) 868-1842 Ext. 6847 or (843)-953-6847.

Sincerely,



Carey M. Capell, DO, MPH, FAAP
Col, USAF, MC, SFS, Ret.
The Citadel Surgeon





PHYSICAL EXAMINATION
(To be completed by Physician: MD / DO)

APPLICANT'S NAME: _____

A. Height: _____ Weight: _____ Blood Pressure (sitting) _/____ Pulse (sitting)_____

B. Visual Acuity: **UNCORRECTED:** Right 20/ _____ **CORRECTED:** Right 20/ _____
(Required) Left 20/ _____ Left 20/ _____

C. LABS: **CBC** and **UA** are required by The Citadel.

Results must be ATTACHED.

D. **PHYSICAL EXAMINATION:** Please describe each abnormality in detail, with special attention to coordination and tolerance for physical exercise (equivalent to Basic Training). Additional information may be recorded under "Remarks".

Normal	Abnormal	Head & scalp	Normal	Abnormal	
		Eyes			G-U (r/o Hydrocele & Varicocele)
		Ears			Hernia
		Nose & Sinuses			Rectal (visual inspection only)
		Mouth & Pharynx			Spine
		Neck & Thyroid			Upper Extremity (Strength & ROM)
		Lungs & Chest			Lower Extremity (Strength & ROM)
		Heart			Feet
		Vascular			Neurologic
		Abdomen & Viscera			Skin

DOCTOR'S REMARKS (Please describe noted abnormalities in detail):

PLEASE INSURE THAT ALL ITEMS, ON BOTH PAGES, ARE COMPLETED BEFORE SIGNING.

SIGNATURE _____ MD / DO Date _____

Printed Name _____ Phone (____) _____

Office Address _____ FAX (____) _____



MEDICAL INSURANCE INFORMATION

CADET IDENTIFICATION:

_____	_____	_____
(Cadet's Name)	(DOB)	(SSN)
_____	_____	(_____)_____
(Parent / Guardian Name)	(Relationship)	(Home telephone)
_____		(_____)_____
(Street Address)		(Work telephone)
_____		(_____)_____
(City / State / Zip)		(Alternate number)

POLICYHOLDER INFORMATION:

Please attach a **PHOTOCOPY** of your **INSURANCE CARD** (both *front & back* sides)

Insurance Company: _____

Ins. Co. Address: _____

Ins. Co. - Phone Number: _(_____)_____

Name of Insured (Policy Holder): _____

Insured's Address: _____

Insured's Policy Number: _____ Group Name / No. _____

Insured's SSN: _____ Insured's Date of Birth: _____

PRESCRIPTION COVERAGE: Do you have prescription coverage? Yes No

If "Yes", please attach a **PHOTOCOPY** of your **PRESCRIPTION INFORMATION**

MILITARY DEPENDENT: Military dependent covered by TRICARE? Yes No

If "Yes", please provide Sponsor's SSN: _____ Because of recurrent problems with PCM assignment / referrals for off-campus care while at The Citadel, we strongly urge switching your child to **TRICARE STANDARD** rather than TRICARE PRIME. Details are available from your local TRICARE Service Center, or you may visit the TRICARE website: <http://www.mytricare.com>.

CERTIFICATION: I understand that ALL CADETS must carry supplemental health insurance for the entire period of enrollment at The Citadel, in order to avert potential financial hardship due to hospital admission, emergency department care, subspecialty care, or other medical services not available at The Citadel. I further understand that my signature, below, grants permission for the Citadel Infirmary and Sports Medicine staffs to treat my son or daughter for routine medical conditions. I will notify the Infirmary of any changes to insurance coverage as soon as possible.

Signed: _____
(Parent / Guardian)

Date: _____

**THE CITADEL INFIRMARY
IMMUNIZATION RECORD**

Applicant's name _____ Date of birth ____/____/____

The following immunizations are compulsory for enrollment at The Citadel. This form must be completed and signed by the applicant's physician.

1. Chicken Pox (had disease) Yes ____ No ____ or Date(s) of Immunization ____/____/____
(2nd dose if >12 yrs old) ____/____/____

2. Diphtheria-Tetanus-Pertussis: **(Mandatory)**:

Date of 3rd dose ____/____/____
Exact date of last booster ____/____/____ **(Within 6 years of matriculation)**

3. Poliomyelitis: **(Mandatory)**

Date of 3rd dose ____/____/____
Date of last booster ____/____/____

4. Measles-Mumps-Rubella (MMR): **(Mandatory) Two doses are required, no less than one month apart.**

Date 1st Dose ____/____/____
Date 2nd Dose ____/____/____

5. Hepatitis B: **(Mandatory)**

Date of 1st dose ____/____/____
Date of 2nd dose ____/____/____
Date of 3rd dose ____/____/____

6. Tuberculin Test **(Mandatory for overseas applicants only)**

DATE ____/____/____ NEGATIVE _____
POSITIVE _____ (mm induration: _____)

CHEST X-RAY Results (only if POSITIVE) _____

Treatment? _____

7. Meningococcal Vaccine (Recommended) ____/____/____

Physician's Signature

Printed Name

City, State, Zip Code

Date

Area Code and Phone Number