



## READMISSION MEDICAL CERTIFICATION

1. Have you been under the care of a physician for any reason? \_\_\_ Yes? \_\_\_ No?

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

2. Since you last attended The Citadel, have you had any illnesses, injuries, surgeries or hospitalizations? \_\_\_ Yes? \_\_\_ No? If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I \_\_\_\_\_, certify that I am in excellent physical condition, have had no significant medical problems since leaving The Citadel, and will be able to participate in all cadet activities. I further certify that I have current medical insurance and will be covered by medical insurance for the duration of my time at The Citadel.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## PHYSICIAN CERTIFICATION

I certify that I have measured the above individual's height and weight, and they are:

\_\_\_\_\_  
Height (feet / inches)

\_\_\_\_\_  
Weight (pounds)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_

\_\_\_\_\_  
(Printed or Stamped Name, Medical Degree (MD / DO), Office Address, Phone Number)