



Accepted Incoming Cadets and Parents:

1. Admission to The Citadel is a two-step process. First, the applicant is reviewed by the Admissions Office to determine academic eligibility. If approved by admissions, the applicant is offered a **“conditional acceptance”**. The acceptance is conditioned upon the applicant completing other requirements, to include physical readiness approval.
2. Applicants will then complete the attached **Medical Information, Medical History, and Insurance** forms, and have **your physician (MD or DO)** to complete the **Physical Examination and Immunization** forms. Positive answers on the Medical History & Physical forms must be fully explained, both to determine whether you meet physical qualifications for The Citadel and to guide the Infirmary staff in providing care should you become ill or injured while a cadet. If you have already completed a DODMERB or MEPS physical, please see section 5, below.
3. **Medical forms** are due by **May 1st**. Once conditionally accepted applicants submit their completed medical forms to be reviewed by the Citadel Physician. Some conditions will **require signed consent from your doctor** clearing you for unrestricted physical activity. This will include a Certificate of Understanding of the Physical and Psychological rigors of Cadet life at The Citadel”, to be signed by all applicants, their parents and their personal physicians, by which they indicate understanding of the unique physical and psychological demands of The Citadel experience and that the applicant is physically and mentally fit to meet those demands (Appendix A).
4. **Medical clearance** for an applicant to attend The Citadel is based on Department of Defense standards. However, we provide waivers automatically for some conditions such as mild asthma, ADHD, occasional migraine headaches, mild anxiety or depression which are considered disqualifying by the DoD. Fitness evaluations for admission to The Citadel will be based upon whether or not the prospective cadet can successfully and safely complete the program requirements outlined in Appendix A. If there are questions or concerns about an applicant’s ability to meet these requirements, additional information may be sought from the applicant and/or his/her physician.

When requested, **supplemental medical information** (doctor’s summary, clearance to participate in all activities, etc.) must be provided as soon as possible, but absolutely no later than **July 15th**. Applicants are encouraged to submit any other supporting documentation that might affect admission decisions. Your medical forms will not be complete until we receive all the requested information.

You will be considered medically disqualified after July 15th if we do not receive all necessary information.

 - a. If following review of this information it is determined that an applicant may not be able to meet The Citadel’s requirements, the medical packet will be reviewed by the Physical Readiness Review Board (Citadel Physician and representatives from the Commandant’s Office and the Health and Human Performance Dept) with recommendations submitted to The Commandant for his review and decision regarding admission.
5. If you have already had a **DODMERB or MEPS** physical, we do accept the “DODMERB or PERS medical history and physical examination forms in place of the Citadel medical history and physical exam forms. All other Citadel forms (“Medical Information,” “Medical Insurance,” and “Immunizations”) must be submitted along with the DD Forms. The DD forms **must** include height, weight, vision, and blood pressure. It is the student’s responsibility to obtain a copy of their DODMERB or to submit to The Citadel Infirmary.
6. **Physical Fitness Standards:** Because the program requirements of The Citadel present extraordinary physical and mental stresses that create risks to individual cadets, weight and body fat standards are employed as part of the evaluation process. Those standards for prospective cadets may be viewed in their entirety at www.citadel.edu/root/admissions-physical-fitness. In some cases where the physical conditioning of an applicant is in question, The Citadel may require the applicant to complete the Citadel’s 3 event physical fitness test administered by a certified fitness professional or instructor. Additionally, all cadets will take the CPFT on multiple occasions during their cadetship and are expected to achieve a passing score.

Information on the CPFT and the Corps Physical Readiness Program can be viewed at www.citadel.edu/root/cprp.

- a. In addition, any applicant interested in commissioning in the Armed Forces must be able to meet the DOD standards. For further information on DOD standards, Army Regulation 40-501, Standards of Medical Fitness, Chapter 2 (Physical Standards for Enlistment, Appointment, and Induction) may be consulted. This site may be viewed at www.calculator.net/pdf/r40_501.pdf.
7. **Medical Eligibility Review Process:** When a student is offered a conditional acceptance for admission, a Medical History and Physical Exam Form shall be provided and must be completed by the applicant and submitted to the Citadel Physician, together with the Certificate of Understanding of the Physical and Mental Health Requirements of a Citadel Cadet, by the deadline contained on the form. The Citadel Physician will determine the initial fitness eligibility of the applicant based upon the Physician's medical determination of the applicant's ability to meet The Citadel's Program Requirements. A list of these program requirements can be found in Appendix A.

If additional information is required, the Infirmary staff will contact the applicant for that information. If upon review of all of this information the Citadel Physician determines that the applicant's ability to meet program requirements is still in question, he will initiate the process for review by the Physical Readiness Review Board.

 - a. The Physical Readiness Review Board may require an interview with the applicant (in-person or virtual) to further assess their eligibility for medical clearance.
 - b. If you have questions about whether a medical condition is waiverable, please contact Dr. Capell by email (capellc1@citadel.edu) or call the number below as early as possible. If you are denied admission to The Citadel because of a medical disqualification, your deposit will be refunded.
8. If you develop a **significant illness** or **injury** after submitting your medical forms, please ask your doctor to send a short interim report describing your current medical status and anticipated status at matriculation. These **interim reports** must be received as soon as possible after the illness or injury; your application will not be complete until we receive them.
9. Please note that **failure** to report significant pre-existing **medical** or **psychiatric conditions** will be grounds for termination of your cadet career, with forfeiture of tuition and fees. This applies to active conditions which could affect participation in military, athletic and/or academic programs, as well as past medical or psychiatric conditions.
10. The Citadel requires all cadets to be covered by **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 (www.citadel.edu/infirmary).

If you have questions about medical forms, medical clearance, Infirmary services, etc., please call **(800) 868-1842, Option 6**, or **(843) 953-4827**, between 7:30 am and 4:00 pm, Monday through Friday. Our e-mail is bpelham@citadel.edu. Our FAX # is **(843) 953-5283**.

Forms are due **BEFORE May 1**.
Forms will not be accepted once
the class is full.



THE CITADEL

THE MILITARY COLLEGE
OF SOUTH CAROLINA

For Staff Use Only

CWID _____

**(This page completed by
accepted applicant)**

DATE (mm/dd/yy) _____ / _____ / _____

PLEASE PRINT:

NAME: Last First Middle

X X X - X X - _____
Social Security Number (Last four digits only)

Street Address City State Zip

() () _____
Parent Cell Phone Parent Work Phone Date of Birth (mm/dd/yy) MALE FEMALE
Please check one

Father's Name Mothers Name Email address

Military dependent: YES / NO If "Yes" give sponsor's SSN: X X X - X X - _____
TRICARE Standard _____ TRICARE Prime (Charleston PCM only) _____

Religion (if you desire visitation by a chaplain of your faith when admitted to the Infirmary or hospital) _____

Medications: Do you take any medications on a regular basis? If so, please list them here:

Name	Dosage	Reason
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Important Notes:

1. Cadets must be physically able to participate in the following **physical activities:** two mile runs, sit-ups, push-ups, running in place, crunches, leg lifts, rapidly climbing/descending three flights of stairs without using handrails, rifle manual (grasping & rapidly manipulating a 9 pound M-14 rifle with either hand), marching in formation, and a variety of other physical activities which are the equivalent of light-contact sports. Because initial cadet training is only offered once, cadets who miss more than 30% of the 4th Class Training Period (first two weeks) due to injury or illness will be referred for medical review and possible medical discharge.
2. **Failure** to report all **current and previous physical & mental conditions** will be grounds for termination of your cadet career with forfeiture of appropriate tuition and fees.



THE CITADEL

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CWID _____

MEDICAL HISTORY

(This page completed by accepted applicant)

PLEASE PRINT NAME:

_____ MALE FEMALE

Last First M.I. Date of Birth Please check one

Have you ever had, or do you now have, any of the following? **If "Yes", please explain under "Remarks."**

Yes	No	(Check each item)	Yes	No	(Check each item)
		Dizziness, loss of consciousness, or fainting			Eating disorder (anorexia, bulimia, etc)
		High blood pressure or stroke			Eye problems or vision changes
		Hay fever or seasonal allergies			Wears glasses or contact lenses
		Reactions to medications, foods, or insect stings			Hearing loss or recent ear infections
		Surgery; or visited / advised to visit a surgeon			Visit to a rheumatologist (arthritis, lupus, etc)
		Concussions or head injuries			Frequent or persistent colds
		Frequent or severe headaches, migraines			Sinus infections / sinusitis
		Dental pain, tooth or gum problems			Mouth or nose problems
		Epilepsy, seizures, convulsions, or fits			Tooth or gum problems
		Scarlet fever, rheumatic fever			Thyroid or throat problems
		Tumor, cyst, unusual growth, or cancer			Males: problems w/ testicles, scrotum, penis
		Visit to a cardiologist / heart specialist			Females: problems w/ menses, breasts, Paps
		Chest pain or pressure, palpitations (pounding heart)			Muscle weakness, paralysis, or lameness
		Heart problems (murmur, abnormal rhythm, etc.)			Painful or swollen joints: ankle, wrist, fingers, knee, etc.
		Shortness of breath with exercise			Dislocatable or "trick" shoulder, elbow, or knee
		Asthma (reactive airways), recurrent wheezing			Bone problems (pain, pins/plates, fractures in last 5 yrs)
		Chronic cough, lung disease, or recurrent bronchitis			Back or neck pain (severe or recurrent)
		Tuberculosis (TB), or close contact with TB patient			Wears a brace or a splint
		Diabetes, blood sugar too high, or blood sugar too low			Bone or joint deformity
		Stomach, liver, or gallbladder problems / gallstones			Frequent leg cramps or persistent foot problems
		Hepatitis, jaundice, or liver problems			Attempted suicide, and/or recurrent thoughts of suicide
		Gastroesophageal reflux / GERD, irritable bowels			Clinical depression, excessive worry, or anxiety
		Intestinal disease (Crohn's disease, ulcerative colitis)			Bipolar disorder, schizophrenia, other psychosis
		Coughed up or vomited blood			ADD / ADHD, learning disability, or speech problem
		Hemorrhoids, or rectal disease			Visit to psychiatrist, psychologist, or counselor
		Black or bloody stools			Excess bleeding, easy bruising, or blood disorders
		Kidney stones, kidney infections or kidney problems			Visit to a hematologist or oncologist
		Frequent or painful urination, or blood in the urine			Skin problems (psoriasis, eczema, severe acne)
		Hernia or rupture			Other significant illness or surgery not listed above

**** Please note that any "Yes" answer may require a doctor's report and full medical release to gain admission.**

Explain each "YES," above: _____

Student Signature: _____



CWID _____

**CERTIFICATION AND CONSENT
AND
MILITARY DEPENDENTS**

Must be completed by ALL incoming students
Certification and Consent - Please read and sign.

Yes, I do have insurance.
(Fill out page 5.)

No, I currently do not have insurance but will
obtain it prior to Matriculation Day.

- I understand that **ALL CADETS** must carry **HEALTH INSURANCE** for the entire period of enrollment at The Citadel, in order to avert financial hardship due to hospital admissions, emergency department care, subspecialty care, or other medical services not available at The Citadel. I will notify the Infirmary of any changes to insurance coverage as soon as they occur.
- I further understand that my **signature**, below, grants **permission** for the Citadel Infirmary and Sports Medicine staff to treat my son or daughter for routine medical conditions.

• Parent/Guardian Signature _____ Date _____

Military Dependents ONLY

• Military dependent covered by **TRICARE**: Yes No

• If "Yes", please provide Sponsor's SSN: X X X - X X - _____

• Please check which coverage: Tricare Standard Tricare Prime
(Charleston residents only)

• NOTE: Because of **recurrent problems** with PCM assignments & PCM referrals for off campus care while at The Citadel, we urge you to switch your cadet from **TRICARE PRIME** to **TRICARE STANDARD**. Details are available from your local TRICARE Service Center, or the TRICARE website: www.mytricare.com.

• Please attach a PHOTOCOPY of TRICARE CARD (front & back) or applicant's ID Card (front & back) on page 5

CWID _____



THE CITADEL

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MEDICAL INSURANCE INFORMATION*

STUDENT INFO

- Full Name _____
- Social Security Number _____
- Date of Birth _____

INSURED INFO

- Insured' s Name (Policy Holder) _____
- Insured's Date of Birth _____
- Insured's Address _____
- City _____ State _____ Zip Code _____
- Insured's Phone Home: _____ Work: _____

INSURANCE
COMPANY INFO

- Insurance Company Name _____
- Ins. Co. Street Address _____
- City _____ State _____ Zip Code _____
- Ins. Co. Phone Number _____
- Insured's Policy/ID Number _____
- Group Number/Name _____
- Please attach a **PHOTOCOPY** of your **INSURANCE CARD** (both *front & back* sides)

*If a student currently does not have health insurance, they will need to obtain it prior to Matriculation Day.

**International Students must obtain health insurance that is valid in the United States.

In the space below please provide a copy of the front and back of the insurance card.

Front of Card

Back of Card



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The next two pages are to be filled out by
a physician (MD or DO).



THE CITADEL

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CWID _____

PHYSICAL EXAMINATION

(To be completed by Physician: MD or DO)

PLEASE PRINT NAME:

MALE FEMALE

Last **First** **M.I.** **Date of Birth** **Please check one**

Height: _____ ft/ _____ in **Weight:** _____ lbs **Blood Pressure (sitting)** _____ / _____ **Pulse (sitting)** _____

Distant Vision: UNCORRECTED: Right 20/ _____ CORRECTED: Right 20/ _____

(Required for all) (If wearing lenses)

Left 20/ _____ Left 20/ _____

Physical Examination: Please describe **each** abnormal finding in the REMARKS section, especially those **abnormalities** affecting coordination and exercise tolerance. **Required physical activities** are included at the bottom of page 3, "Medical Information".

Normal	Abnormal		Normal	Abnormal	
		Head, face, neck, scalp			G-U (males: r/o hydrocele & varicocele)
		Eyes			Hernia
		Ears & hearing			Rectal (visual inspection only)
		Nose & sinuses			Spine (motion, flexibility, scoliosis)
		Mouth, throat, teeth, jaw			Upper extremities (shoulders, arms, forearms)
		Neck & thyroid			Lower extremities (hips, thighs, legs)
		Lungs & chest			Hands & Feet
		Heart			Neurological
		Vascular system			Skin
		Abdomen & viscera			Tattoos (please list size and location)

Physician, please describe any **abnormalities**:

Note: Please ensure that ALL ITEMS, on BOTH pages 4 and 6 are completed before signing.

Doctor's Signature _____ **MD / DO** Date _____

Printed/Stamped Name _____ Phone (_____) _____

Office Address _____



***Attaching an immunization record to this form is **NOT ACCEPTABLE**. Please transfer all required dates to this form.

CWID _____

IMMUNIZATION RECORD REQUIRED TO BE COMPLETED BY PHYSICIAN'S OFFICE

Applicant's name _____ Date of birth _____

The following immunizations are **required, recommended, or suggested** for cadets enrolled at The Citadel. This form must be completed and signed by the applicant's physician. If you desire a medical or religious **waiver** for any **required** immunizations, please contact The Citadel Infirmary, 843-953-4827.

1. **Varicella:** Varicella vaccine is **not** required if applicant has had chickenpox (give month & year): / _____
 Vaccination is **required** if you never had chickenpox: - 1st shot _____ / _____ / _____
 - 2nd shot _____ / _____ / _____
2. **Diphtheria-Tetanus-Pertussis: (Required)**
 Date completed first 3 shots (usu. by 6 months) _____ / _____ / _____
 Date of last booster shot (within last 10 years) _____ / _____ / _____
3. **Poliomyelitis: (Required)**
 Date completed first 3 shots (usu. age 6-18 months) _____ / _____ / _____
 Date of last booster (usu. age 4-6 years) _____ / _____ / _____
4. **Measles-Mumps-Rubella (MMR): (Required)**
 Date of 1st shot (usu. age 12-15 months) _____ / _____ / _____
 Date of 2nd shot (usu. age 4-6 years) _____ / _____ / _____
5. **Hepatitis B: (Required)**
 Date of 1st shot (usu. at birth) _____ / _____ / _____
 Date of 2nd shot (usu. age 1-2 months) _____ / _____ / _____
 Date of 3rd shot (usu. age 6-18 months) _____ / _____ / _____
6. **Tuberculin Test (PPD): (Recommended for applicants at risk for TB exposure*)**
 * Living in Africa, S. America, Central America, or Asia; or has family member infected with TB
 DATE _____ / _____ / _____ NEGATIVE _____ POSITIVE _____ (if Positive, give mm: _____)
 Treatment (if any) _____
7. **SARS-CoV-2 (COVID-19) vaccine:** Not required, but highly recommended for cadets _____ / _____ / _____
8. **Meningococcal Vaccine (Recommended for incoming knobs)** _____ / _____ / _____
 * For more information, refer to <http://www.citadel.edu/infirmary/announcements-a-health-updates.html>
9. **Sickle Cell screen (Suggested for NCAA Div I Athletes only):** Neg Pos (Disease? Trait?)

* For more information, refer to <http://www.citadel.edu/infirmary/announcements-a-health-updates.html>

***Attaching an immunization record to this form is **NOT ACCEPTABLE**. Please transfer all required dates to this form.

Physician's Signature

Printed/Stamped Name

City, State, Zip

(_____) _____
Area Code and Phone Number

Date



THE CITADEL

THE MILITARY COLLEGE
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All academically accepted students are conditionally accepted until they receive medical clearance to be granted final acceptance and enroll in the Corps of Cadets at The Citadel.

You are expected to meet The Citadel's height and weight requirements or body fat percentage no later than **15 July** of your matriculating year.

Physical Fitness requirements are located on www.citadel.edu/root/admissions-physical-fitness.

Our height and weight and body fat percentage requirements are also listed on the next two pages.



Male Height/Weight

HEIGHT (Inches)	MINIMUM WEIGHT (Any Age)	MAXIMUM WEIGHT BY YEARS OF AGE	
		(17-20)	(21-27)
60	97	139	141
61	100	144	146
62	104	148	150
63	107	153	155
64	110	158	160
65	114	163	165
66	117	168	170
67	121	174	176
68	125	179	181
69	128	184	186
70	132	189	192
71	136	194	197
72	140	200	203
73	144	205	208
74	148	211	214
75	152	217	220
76	156	223	226
77	160	229	232
78	164	235	238
79	168	241	244
80	173	247	250

1. If a male exceeds the allotted weight for their height, percent body fat will be measured.
Maximum body fat: 26%
2. If a male exceeds 26% body fat, his application will be reviewed by the Physical Readiness Review Board for final decision.

Female Height/Weight



HEIGHT (Inches)	MINIMUM WEIGHT (Any Age)	MAXIMUM WEIGHT BY YEARS OF AGE	
		(17-20)	(21-27)
58	91	122	124
59	94	127	128
60	97	132	134
61	100	136	137
62	104	140	141
63	107	145	147
64	110	149	151
65	114	154	156
66	117	160	160
67	121	163	166
68	125	168	171
69	128	173	176
70	132	178	181
71	136	183	186
72	140	189	191
73	144	194	196
74	148	199	203
75	152	205	208
76	156	210	213
77	160	216	219
78	164	222	224
79	168	227	230
80	173	233	236

1. If a female exceeds the allotted weight for their height, percent body fat will be measured.
Maximum body fat: 34%
2. If a female exceeds 34% body fat, her application will be reviewed by the Physical Readiness Review Board for final decision.

CITADEL'S PHYSICAL READINESS PROGRAM REQUIREMENTS

Knob Year General Activities

- Bracing (at a rigid position, arms at sides, chin in)
- Walking at 120 paces per minute (only allowed to use certain routes on campus)
- Driving (climbing) stairs at a quick pace to the 4th division
- Running (1-2 miles multiple times a week)
- Marching in formation
- Rifle Manual outdoors in severe heat conditions (bilateral manipulation of 9lb rifle to standard)
- High impact Calisthenics (upper and lower body)
- Push-ups & pull-ups
- Periods of prolonged standing at attention/walking/marching in severe heat & humidity conditions
- Periods of high stress from adversarial 4th class system (receiving instruction and learning from cadre and upperclassmen in a direct, intense manner) and accomplishing required activities in the time allotted
- Limited free time with busy daily and weekly schedules of academic, military, athletic, and fitness activities
- Limited ability to go *off* campus during the week or weekends
- Early morning wake-ups and long daily schedule

Knob Challenge Activities (August - Oct)

- Running (1-3 miles)
- Calisthenics (including push-ups, crunches, burpees, etc)
- Cadre Week Crucible Event
 - (extended period of physical exertion with intense upper and lower body workouts)
- Obstacle Course- USMC
 - Timed Obstacle Course (running, climbing; upper and lower body)
 - Rope Climbing (upper body)
- Pull-up Stations (upper body)
- Recognition Day Gauntlet Event (Spring semester); extended period of physical exertion with intense upper and lower body workouts
 - Log Physical Training (lifting logs; upper body)
 - Tire flips (cross fit style training)
 - Kettle bell & medicine ball workouts
 - Tactical training (low crawling, buddy carries, ammo can lifts, etc.)
 - Stretcher/ Litter carries & sandbag relays

APPENDIX A

Physical Fitness Requirements (All cadets)

Citadel Physical Fitness Test: (hand release push-ups, plank, 1 ½ mile run); minimum of once per semester.

Service ROTC Fitness Tests (if applicable)- vary by service; 1 ½ - 3 mile runs, sit-ups, push-ups, and pull-ups included

Regimental Physical Training (Mondays and Thursdays)
(calisthenics, plyometrics, push-ups, pull ups, crunches, running 1-3 miles)

- Remedial Physical Training (Tuesdays and Fridays)
- Mandatory for all CPFT and body composition failures
 - Results in leave restrictions and limits participation in significant Cadet events (Ring Presentation, Graduation ceremony, Long Grey Line parade, etc.)
 - Limits leadership eligibility and rank opportunities

Weight and Body Fat Requirements (All cadets)

Cadet standards vary from applicant admissions standards and can be found on the Citadel’s Physical Readiness Program site: www.citadel.edu/root/cprp-physical-fitness-assessments/height-weight-screening

Other Cadet Activities and Environment

- Attending mandatory class and/or other formations daily
- Weekly parades and parade practices—conducted in direct heat/humidity for prolonged periods of time
- Limited contact sports (intramurals)
- Weapons care and maintenance
- Rifles stored in rooms
- Mandatory events attendance (athletic, distinguished speakers, and other Citadel events)
- No food, refrigerators or heating appliances allowed in rooms
- 2-4 cadets per barracks room

Academic Requirements

- 135 credit hours required for degree completion
- Mandatory 2 years of ROTC leadership courses
- Mandatory 4 years of leadership training (LTP)
- Mandatory completion of 2 Physical Education (RPED) courses
- Minimum 14 credit hours required per semester; normal course load is 16-19 hours

Please sign below to acknowledge that you understand and accept the physical and mental requirements of Cadet Life at The Citadel, listed above.

_____ Date: ____ / ____ / ____
(Signature of Applicant)

_____ Date: ____ / ____ / ____
(Signature of Parent or Guardian)

MEDICAL RELEASE FORM

**CERTIFICATE OF UNDERSTANDING OF THE PHYSICAL AND
MENTAL HEALTH REQUIREMENTS FOR THE CITADEL**

This form should be read carefully and must be signed by the applicant, the applicant's parents or guardians and the applicant's physician(s).

The Citadel's unique leadership development program requires that cadets fully participate in all aspects of the program and meet its rigorous physical and psychological demands, including the intense fourth-class (knob) year, 4 semesters of ROTC training courses, mandatory weekly physical training (2-4x/ wk), including handling and maintaining weapons.

Examples of the specific demands that will be made are provided below. The list is not intended to be complete, but merely representative of the challenges of the Citadel cadet experience. It is important to understand that none of these activities or expectations occur in isolation but many in combination. The demands placed upon each cadet's physical and mental resources are purposefully extraordinary, but a necessary part of the Citadel's leadership development model.

Mandatory Physical Education and Training Requirements:

- Regimental Physical Training twice a week
- Cadet Physical Fitness Test (Push-ups, plank, Run)
- Minimum of 2 Physical Ed. courses

Mandatory Knob Challenge Activities:

- 0530 PT sessions 7 days a week during Challenge week
- Formation runs of varying length and intensity
- Recognition Day Gauntlet—high intensity, weight bearing exercise circuit
- Group and individual obstacle courses

Fourth Class Training:

- Intense workouts of 30 minutes or more to include,**
- Pushups / pull ups
- Running in place
- Crunches
- Constant climbing of four (4) flights of stairs

Living Conditions:

- Close quarters (2-4 to a room)
- Strict regulation of all aspects of conduct
- Constant unpredictable and rigorous demands
- Extremely limited free time or leave opportunities
- Mandatory mutual reliance upon others

_____, is to the best of my knowledge physically and mentally fit and able to meet all the demands of The Citadel cadet experience.
(Applicant's Name)

(Signature of Applicant) Date: _____

(Signature of Parent or Guardian) Date: _____

(Signature of Health Care Provider (MD/DO[NP/PA]) Date: _____