

VIRGINIA MILITARY INSTITUTE
LEXINGTON, VIRGINIA 24450-0304

INSTITUTE PHYSICIAN
VMI HOSPITAL
Phone 540-464-7218
Fax 540-464-7707
Virginia Relay/TDD 711

Health Update

This form is to insure that VMI provides you with adequate medical assistance on your return and is not used for readmission evaluation.

Cadet Name: _____

Returning Semester: _____ Major: _____

Since you left VMI, have you had any significant medical or psychological problems?

Yes _____ No _____

If yes, please describe briefly the condition and list any medication you take.

Please send any medical record related to health problems to:

Melissa S. Krawiec, D.O.
VMI Infirmary
448 Institute Hill
Lexington, VA 24450
Fax: 540-464-7707

Cadet Signature: _____ Date: _____