

**U.S. MERCHANT MARINE ACADEMY**

DEPARTMENT OF HEALTH SERVICES

PATTEN HALL

KINGS POINT, NY 11024-1699

**PRE-ADMISSION IMMUNIZATION RECORD SUMMARY**

PLEBE CANDIDATE'S FULL NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

PHYSICIAN OR MEDICAL PROVIDER'S NAME: \_\_\_\_\_

PHYSICIAN OR MEDICAL PROVIDER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

COPIES OF IMMUNIZATIONS FROM THE OFFICE OF ABOVE-NAMED PROVIDER ARE ATTACHED:     Yes     No

IMMUNIZATION	DATE / READING / NOTES				
	DATE	DATE	DATE	DATE	DATE
DIPHtheria - PERTUSSIS - TETANUS					
DIPHtheria - PERTUSSIS - TETANUS BOOSTER (Tdap)	DATE	DATE	DATE	X	
POLIO (OPV OR IPV - PLEASE SPECIFY)	DATE	DATE	DATE	DATE	
MEASLES - MUMPS - RUBELLA (MMR #1)	DATE	X		X	
MMR #2 OR MEASLES 2ND DOSE (Second dose not required if physician can document history of measles or serologic confirmation of immunity.)	DATE	X		X	
CHICKENPOX (VARICELLA) (Vaccine is not required if physician can document a history of the disease <u>or</u> an antibody titer for Chicken Pox.)	DATE CHICKEN POX CONTRACTED	CHICKEN POX ANTIBODY TITER	Varivax Dose 1	Varivax Dose 2	
MENINGOCOCCAL VACCINE (MENACTRA, MENOMUNE OR MENVEO - PLEASE SPECIFY) (If you received vaccine prior to 16 years of age you will need a booster. After age 16 booster is not needed.)	DATE	DATE	X		
HEPATITIS A	DATE	DATE	X		
HEPATITIS B	DATE	DATE	DATE	X	
<b>WILL BE ADMINISTERED BY USMMA PRIOR TO SEA DUTY.</b>					
TYPHOID (ONE DOSE, BOOSTER REQUIRED EVERY TWO (2) YEARS)	DATE	DATE	DATE	DATE	
YELLOW FEVER (ONE DOSE)	DATE	X		X	
<b>IMPORTANT NOTICE: VACCINATIONS BELOW ARE NOT REQUIRED FOR ADMISSION TO THE US MERCHANT MARINE ACADEMY BUT IS HIGHLY RECOMMENDED AS PER THE CDC GUIDELINES.</b>					
COVID-19 VACCINE* * PFIZER / MODERNA / J&J / OTHER - PLEASE SPECIFY -	DATE	DATE	DATE	DATE	
HUMAN PAPILLOMAVIRUS VACCINE (HPV)	DATE	DATE	DATE	X	
SEROGROUP B MENINGOCOCCAL VACCINE - MENB* * BEXSERO (2 DOSES, OR TRUMENBA (3 DOSES) - PLEASE SPECIFY	DATE	DATE	DATE	X	