

U.S. MERCHANT MARINE ACADEMY
 DEPARTMENT OF HEALTH SERVICES
 PATTEN HALL
 KINGS POINT, NY 11024-1699

This form must be completed by your family physician ONLY and shall become part of your Academy health record.

PRE-ADMISSION IMMUNIZATION RECORD SUMMARY

PLEBE CANDIDATE'S FULL NAME: _____

PLEBE CANDIDATE'S DATE OF BIRTH: _____ PLEBE CANDIDATE'S SOCIAL SECURITY NUMBER: _____

PHYSICIAN OR MEDICAL PROVIDER'S NAME: _____ STATE: _____ LICENSE #: _____

PHYSICIAN OR MEDICAL PROVIDER'S SIGNATURE: _____ DATE: _____ TEL: _____

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		
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				
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		X
HEPATITIS A	DATE	DATE			
HEPATITIS B	DATE	DATE	DATE	X	
WILL BE ADMINISTERED BY USMMA PRIOR TO SEA DUTY.					
TYPHOID (ONE DOSE, BOOSTER REQUIRED EVERY TWO (2) YEARS)	DATE	DATE	DATE	DATE	
YELLOW FEVER (ONE DOSE) MUST PROVIDE ADMIN DATE/LOT #, ADMINISTRATION INFO (SITE/PROVIDER)	DATE	LOT #	ADMINISTRATION INFO (SITE / PROVIDER)		
FLU (INFLUENZA) MOST RECENT DOSE ONLY	DATE	X			
IMPORTANT NOTICE: VACCINATIONS BELOW ARE NOT REQUIRED FOR ADMISSION TO THE US MERCHANT MARINE ACADEMY BUT IS HIGHLY RECOMMENDED AS PER THE CDC GUIDELINES.					
COVID-19 VACCINE* * PFIZER / MODERNA / J&J / OTHER – 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		