U.S. MERCHANT MARINE ACADEMY
OFFICE 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				
DIPHTHERIA – PERTUSSIS – TETANUS	DATE	DATE	DATE	DATE	DATE
DIPHTHERIA – PERTUSSIS – TETANUS BOOSTER (Tdap)	DATE	DATE	DATE		
MEASLES – MUMPS – RUBELLA (MMR #1)	DATE				
MMR #2 OR MEASLES 2ND DOSE (Second dose not required if physician can document history of measles or serologic confirmation of immunity.)	DATE				
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			
POLIO (OPV OR IPV – PLEASE SPECIFY)	DATE	DATE	DATE	DATE	
CHICKENPOX (VARICELLA) (Vaccine is not required if physician can document a history of the disease or an antibody titer for Chicken Pox.)	DATE CHICKEN POX CONTRACTED	CHICKEN POX ANTIBODY TITER	DOSE 1	DOSE 2	
HEPATITIS A	DATE	DATE			
HEPATITIS B	DATE	DATE	DATE		
OTHER VACCINES NOT LISTED ABOVE	DATE	DATE	DATE	DATE	

IMPORTANT NOTICE: VACCINATIONS BELOW ARE NOT REQUIRED FOR ADMISSION TO THE US MERCHANT MARINE ACADEMY BUT IS HIGHLY RECOMMENDED AS PER THE CDC GUIDELINES.

IMMUNIZATION				
HUMAN PAPILLOMAVIRUS VACCINE (HPV)	DATE	DATE	DATE	
SEROGROUP B MENINGOCOCCAL VACCINE – MenB* * BEXSERO (2 DOSES, OR TRUMENBA (3 DOSES) – PLEASE SPECIFY	DATE	DATE		
COVID-19 VACCINE* * PFIZER / MODERNA / J&J / OTHER – PLEASE SPECIFY – (PROOF OF VACCINATION IS REQUIRED)	DATE	DATE		