

United States Merchant Marine Academy (USMMA)  
Class of 2025 Coronavirus (COVID-19) Pre-Screening Questionnaire

Complete and submit this form by Monday July 5, 2021 (close of business). Email your completed form as an attached PDF document to: [Khosdeghians@USMMA.EDU](mailto:Khosdeghians@USMMA.EDU). Cloud-based file sharing services (i.e. Google Docs) are not acceptable. Answer ALL questions and PRINT clearly. An OHS Medical provider will contact you if needed. **This medical screening process for COVID-19 is mandatory and required to clear you before you report to USMMA for C-2025 Indoctrination.**

Today's Date: \_\_\_\_\_

- 1) Are you fully vaccinated\* with one of the following COVID-19 Vaccines: Pfizer-BioNTech, Moderna, or Janssen/Johnson & Johnson? ☐ YES ☐ NO

*\* To be considered fully vaccinated, you must be  $\geq 2$  weeks following receipt of the second dose in a 2-dose series, or  $\geq 2$  weeks following receipt of one dose of a single-dose vaccine.*

- 2) Have you been diagnosed/tested positive<sup>s</sup> for COVID-19 in the past 90 days? ☐ YES ☐ NO

*<sup>s</sup> If yes, you must submit a laboratory report with your name, date of testing, and test result.*

- 3) Within the last 14 days, have you traveled internationally (i.e. air travel/sea travel)? ☐ YES ☐ NO

- 4) Within the last 14 days, did you have contact with anyone confirmed as having COVID-19? ☐ YES ☐ NO

- 5) Are you currently experiencing any of the following symptoms: ☐ YES ☐ NO

If yes, please check all that apply:

- |  |   |
|--|---|
| <input type="checkbox"/> Fever or chills                             | <input type="checkbox"/> Cough              |
| <input type="checkbox"/> Shortness of breath or difficulty breathing | <input type="checkbox"/> Fatigue            |
| <input type="checkbox"/> Muscle or body aches                        | <input type="checkbox"/> Headache           |
| <input type="checkbox"/> New loss of taste or smell                  | <input type="checkbox"/> Sore throat        |
| <input type="checkbox"/> Congestion or runny nose                    | <input type="checkbox"/> Nausea or vomiting |
| <input type="checkbox"/> Diarrhea                                    |   |

- 6) Do you certify that your responses are true and correct? ☐ YES ☐ NO

- 7) Do you certify that you will contact USMMA OHS Medical if any of the above information changes after you submit this form, but prior to your arrival at Kings Point, New York? ☐ YES ☐ NO

Last Name (Print):	First Name (Print):	Middle Name (Print):
Date of Birth:	Class Year: <b>2025</b>	Cell phone number:
Complete home address with Street, City, State and ZIP Code (Print):		

Public health resources online: New York State Department of Health (NYSDOH) websites:

<https://coronavirus.health.ny.gov/home>

<https://coronavirus.health.ny.gov/covid-19-travel-advisory>

U.S. Centers for Disease Control and Prevention (CDC) website:

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html>

**ADMINISTRATION USE ONLY**

Received by USMMA OHS Medical (DATE): \_\_\_\_\_

Reviewed by Medical Provider: \_\_\_\_\_

**CLEARED TO REPORT** ☐



**NOT CLEARED TO REPORT**  
**Contacted P/C and communicated status.**