



Office of Health Services

UNITED STATES MERCHANT MARINE ACADEMY

PATTEN HALL ★ KINGS POINT, NY ★ 11024-1699

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Health Documents Checklist For Applicant Use Only – Do Not Return

All forms are to be completed, signed, dated and returned to the U.S. Merchant Marine Academy Office of Health Services four weeks prior to Day 1 of Indoctrination.

- 1) ☐ Acknowledgement of Receipt of Notice of Privacy Practices (2 copies)
- 2) ☐ Consent for Use and Disclosure of Health Information (2 copies)
- 3) ☐ Authorization To Provide Health Services For Minors (2 copies)
- 4) ☐ Pre-Admission Immunization Record Summary
- 5) ☐ Respiratory Protection Medical Questionnaire Form
- 6) ☐ Copy of Medical Insurance Card (front and back) – please provide policy holder's name, date of birth & last 4 digits of Social Security Number (**entire SS# for Tricare**) on all copies. **If you purchased the School Health Insurance Plan (SHIP), a card will be provided to the Office of Health Services at USMMA.**
- 7) ☐ Proof of Insurance Waiver completed online at mystudentmedical.com
- 8) ☐ Copy of Prescription Card (front and back)

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