

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		
POLIO (OPV OR IPV – PLEASE SPECIFY)	DATE	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				
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	DOSE 1	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			
HEPATITIS A	DATE	DATE			
HEPATITIS B	DATE	DATE	DATE		
COVID-19 VACCINE* * PFIZER / MODERNA / J&J / OTHER – PLEASE SPECIFY – (PROOF OF VACCINATION IS REQUIRED)	DATE	DATE	DATE	DATE	
TYPHOID (ONE DOSE, BOOSTER REQUIRED EVERY TWO (2) YEARS)	DATE	DATE	DATE	DATE	
YELLOW FEVER (ONE DOSE)	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.					
HUMAN PAPILLOMAVIRUS VACCINE (HPV)	DATE	DATE	DATE		
SEROGROUP B MENINGOCOCCAL VACCINE – MENB* * BEXSERO (2 DOSES, OR TRUMENBA (3 DOSES) – PLEASE SPECIFY	DATE	DATE	DATE		