



# ***Department 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 Department of Health Services no later than May 30, 2025.***

- 1) ☐ Authorization to Provide Health Services for Minors (3 copies) **ONLY IF UNDER 18 ON DAY 1 OF INDOCTRINATION**
- 2) ☐ Pre-Admission Immunization Record Summary
- 3) ☐ Respiratory Protection Medical Questionnaire Form
- 4) ☐ Emergency Contact List (3 copies)
- 5) ☐ Sign and return **ONLY Page 13** of Welcome Letter
- 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 and copy of military ID front and back**) on all copies. **If you purchased the School Health Insurance Plan (SHIP), a card will be provided to the Department of Health Services at USMMA.**
- 7) ☐ Copy of Prescription Card (front and back)
- 8) ☐ Proof of Insurance Waiver completed online at [mystudentmedical.com](http://mystudentmedical.com)

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