

U.S. MERCHANT MARINE ACADEMY

DEPARTMENT OF HEALTH SERVICES

PATTEN HALL

KINGS POINT, NY 11024-1699

This form must be
completed by your family
physician **ONLY** and shall
become part of your
Academy health record.

PRE-ADMISSION IMMUNIZATION RECORD SUMMARY

PLEBE CANDIDATE'S FULL NAME: _____

PLEBE CANDIDATE'S DATE OF BIRTH: _____ PLEBE CANDIDATE'S SOCIAL SECURITY NUMBER: _____

PHYSICIAN OR MEDICAL PROVIDER'S NAME: _____ STATE: _____ LICENSE #: _____

PHYSICIAN OR MEDICAL PROVIDER'S SIGNATURE: _____ DATE: _____ TEL: _____

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								
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	VARIVAX DOSE 1	VARIVAX 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								
Will be administered by USMMA prior to sea duty.											
TYPHOID (ONE DOSE, BOOSTER REQUIRED EVERY TWO (2) YEARS)	DATE	DATE	DATE	DATE							
YELLOW FEVER (ONE DOSE) MUST PROVIDE ADMIN DATE/LOT #, ADMINISTRATION INFO (SITE/PROVIDER)	DATE	LOT #	ADMINISTRATION INFO (SITE / PROVIDER)								
FLU (INFLUENZA) MOST RECENT DOSE ONLY	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.											
COVID-19 VACCINE*	DATE	DATE	DATE	DATE							
* PFIZER / MODERNA / J&J / OTHER – SPECIFY –											
HUMAN PAPILLOMAVIRUS VACCINE (HPV)	DATE	DATE	DATE								
SEROGROUP B MENINGOCOCCAL VACCINE – MENB*	DATE	DATE	DATE								
* BEXSERO (2 DOSES, OR TRUMENBA (3 DOSES) – PLEASE SPECIFY											