



Office of Health Services

UNITED STATES MERCHANT MARINE ACADEMY

PATTEN HALL ★ KINGS POINT, NY ★ 11024-1699

Phone: 516-726-5680 * Fax 516-773-5436 * Email: medical@usmma.edu

Medical Forms Checklist **For Applicant Use Only – Do Not Return**

ALL FORMS ARE TO BE COMPLETED, SIGNED, DATED AND RETURNED TO THE MERCHANT MARINE ACADEMY OFFICE OF HEALTH SERVICES ON OR BEFORE Friday, 02 June 2017.

- 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
- 4) ☐ PRE-ADMISSION IMMUNIZATION RECORD SUMMARY
- 5) ☐ RESPIRATORY PROTECTION MEDICAL QUESTIONNAIRE FORM
- 6) ☐ COPY OF MEDICAL INSURANCE CARD (BOTH SIDES) – PLEASE PROVIDE POLICY HOLDER'S DATE OF BIRTH & LAST 4 DIGITS OF SOCIAL SECURITY NUMBER ON ALL COPIES.
- 7) ☐ PROOF OF ONLINE INSURANCE WAIVER
- 8) ☐ COPY OF PRESCRIPTION CARD (BOTH SIDES)

FOR APPLICANT USE ONLY - DO NOT RETURN