

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					
	DATE	DATE	DATE	DATE	DATE	
DIPHTHERIA - PERTUSSIS - TETANUS						
DIPHTHERIA - PERTUSSIS - TETANUS BOOSTER (Tdap)	DATE	DATE	DATE	X		
MEASLES - MUMPS - RUBELLA (MMR #1)	DATE	X				X
MMR #2 OR MEASLES 2ND DOSE (Second dose not required if physician can document history of measles or serologic confirmation of immunity.)	DATE			X		
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	X			X
POLIO (OPV OR IPV - PLEASE SPECIFY)	DATE	DATE			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		
HEPATITIS A	DATE	DATE	X		X	
HEPATITIS B	DATE	DATE				
OTHER VACCINES NOT LISTED ABOVE	DATE	DATE	DATE	DATE		
IMPORTANT NOTICE: VACCINATION BELOW IS 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	X		
SEROGROUP B MENINGOCOCCAL VACCINE - MENB * BEXSERO (2 DOSES, OR TRUMENBA (3 DOSES) - PLEASE SPECIFY	DATE	DATE	X			X