



Department of Health Services

UNITED STATES MERCHANT MARINE ACADEMY
PATTEN HEALTH CLINIC ★ KINGS POINT, NY ★ 11024-1699
516-726-5680 ★ 516-773-5436 Fax ★ medical@usmma.edu

National Security Questionnaire

To the Plebe Candidate:

As you prepare to enter the United States Merchant Marine Academy, you must submit important health-related information prior to beginning Indoctrination on Tuesday, 02 July 2013. The following questions are taken directly from the *Questionnaire for National Security Positions*, which you will complete in its entirety at a later date during the academic year. Please answer all questions fully and accurately and mail the completed forms directly to the *USMMA Department of Health Services* **no later than Friday, 31 May 2013.**

Applicant Name: _____
Address: _____

Cell /Telephone No. _____ Date: _____
DOB: _____ SSN: _____

I. YOUR MEDICAL RECORD

A. In the last 7 years, have you consulted with a mental health professional (psychiatrist, psychologist, counselor, etc.) **or** have you consulted with another health care provider about a mental health related condition (e.g., depression, attention deficit, anxiety, eating disorder, etc.) ?

Yes No

B. If you answered "Yes," provide the dates of treatment and the name and address of the therapist or doctor below, unless the consultation(s) involved only marital, family, or grief counseling, not related to violence by you.

1. From: Month/Year: _____ Name: _____
To: Month/Year: _____

2. From: Month/Year: _____ Name: _____
To: Month/Year: _____

II. YOUR USE OF ALCOHOL

A. In the last 7 years, has your use of alcoholic beverages (such as liquor, beer, wine) resulted in any alcohol-related treatment or counseling (such as for alcohol abuse or alcoholism)?

Yes No

B. If you answered "Yes," provide the dates of treatment and the name and address of the counselor or doctor below. Do not repeat information reported in response to item 1B above.

Controlled Substance/Prescription Drug Used: _____
Number of Times Used: _____

IV. YOUR POLICE RECORD

For this item, report information regardless of whether the record in your case has been "sealed" or otherwise stricken from the court record. The single exception to this requirement is for certain convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607.

A. Have you ever been charged with or convicted of any felony offense? (Include those under Uniform Code of Military Justice)
 Yes No

B. Have you ever been charged with or convicted of a firearms or explosives offense?
 Yes No

C. Are there currently any charges pending against you for any criminal offense?
 Yes No

D. Have you ever been charged with or convicted of any offense(s) related to alcohol or drugs?
 Yes No

E. In the last 7 years, have you been subject to court martial or other disciplinary proceedings under the Uniform Code of Military Justice? (Include non-judicial, Captain's mast, etc.)
 Yes No

F. In the last 7 years, have you been arrested for, charged with, or convicted of any offense(s) not listed in response to a, b, c, d, or e above? (Leave out traffic fines of less than \$150 unless the violation was alcohol or drug related.)
 Yes No

G. If you answered "Yes" to either 4A, 4B, 4C, 4D, 4E, or 4F above, explain below. Under "Offense," do not list specific penalty codes, list the actual offense or violation (for example, arson, theft, etc.).

1. Month/Year Action Taken _____

Law Enforcement Authority/Court
(Include City and county/country if outside U.S.): _____

Offense State _____
ZIP Code _____

2. Month/Year Action Taken _____

Law Enforcement Authority/Court _____

LastName, FirstName _____

(Include City and county/country if outside U.S.):

Offense State _____
ZIP Code _____

3. Month/Year Action Taken _____

Law Enforcement Authority/Court
(Include City and county/country if outside U.S.):

Offense State _____
ZIP Code _____

Certification That My Answers Are True

My statements on this form, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can adversely affect my application to USMMA.

Signature of Plebe Candidate Date

Signature of Parent/Legal Guardian for Minors Date

Print Name

Print Name Relationship to Plebe Candidate