



# United States Military Academy Immunization Record Form

Form Approved  
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Expires:

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PRIVACY ACT STATEMENT: AUTHORITY: Title 5 USC, Ch 301; Title 10 USC Ch 403 Sec 4346, Ch 503, Ch 505 Sec 5031, Ch 603 Sec 6958; Title 44 USC 3101; EO 9397. PRINCIPLE PURPOSE: Collection of data on Academy candidate for opening a file. ROUTINE USE: To gather information on a candidate in order to open a file for admission to West Point. DISCLOSURE IS VOLUNTARY. However, failure to provide information could preclude appointment.

**Follow these steps in filling out this questionnaire:**

1. Use a black ballpoint pen only. Do not use felt tip pen or pencil. Do not slash your O's, 7's, or Z's.
2. Complete all of the information.
3. If you make an error, completely cross out the entry and re-write it.
4. Return the original to the Admissions Department.
  - a. Make two photocopies of the record after it has been completed. Keep one for your personal record and hand carry one with you on Reception Day (R-Day).
5. Ensure that this form is entirely completed. Please transcribe all information on to this form. Do not attach original records to this form as they will not be returned.
6. For accuracy, write block style without touching the sides of the box.
7. For all dates, use six digits -- month/day/year
8. Fill in Part I completely.
9. Have your primary care physician/provider complete the items in Part II.

This form is required to ensure the health and wellness of the entire Corps of Cadets at the United States Military Academy (USMA). Any and all immunizations listed are required for admission on R-Day. In regard to Hepatitis, the first round of Hepatitis A and B, or Twin Rx, must be documented although completion of the series is recommended for all New Cadets prior to R-Day. Completion of all listed immunizations is required for full medical qualification and admission into USMA.

Questions regarding this form can be addressed to the Head Nurse of Mologne Cadet Health Clinic at 845-938-3003.

**Sign Below if you agree:**

"I authorize the Head Nurse at Mologne Cadet Health Clinic to discuss my immunization record with my parent/guardian."

Initial Box: I understand that all immunizations are required for admission.

Candidate's Signature: \_\_\_\_\_

**Part I - To be completed by candidate**

First Name             M.I.

Last Name

Social Security Number       Home Telephone Number

Gender  Birth Date   /   /   Year Date form completed   /   /   Year

E-mail Address: \_\_\_\_\_

**Part II - To be completed by physician or health care provider.**

A. Tetanus and Diphtheria: (Td, TD, DT, DPT). Please list type and date of all doses to include on adult booster (Td, TD) between age 11 and 16.

#1   /   /   #2   /   /   #3   /   /    
#4   /   /   Adult TD Date   /   /

B. Polio Virus Vaccine (OPV, IPV). Please list type and date of all doses to include one adult dose after your 18th birthday.

#1   /   /   #2   /   /   #3   /   /    
#4   /   /   #5   /   /   Adult IPV  
After 18th Birthday

C. Measles, mumps and rubella (MMR). Please list two doses.

#1   /   /   (after 1 year of age) #2   /   /   (must be at least 1 month after first dose.)



# Immunization Record Form Instructions

In order to ensure the health of the Corps, immunizations are required for entrance into the Academy. To avoid unnecessary immunizations, this form must be filled out and returned to West Point as soon as possible. Please note the directions on the form. Send the original to the Department of Admissions and make 2 copies for yourself. Keep one copy in a safe place at your home of record and bring the second copy with you on R-Day. If you have received a late appointment, you may fax your record to the Mologne Cadet Health Clinic at 845-938-5777. Send it to the attention of the "Head Nurse."

Candidates are to complete the demographic data in PART I. Your primary health care provider is to complete the information in PART II. PART II may be completed by a nurse or other licensed provider.

**Please note that ALL immunizations and the Tuberculosis test listed on the form are required for admission.** The USCC Surgeon recommends that you receive ALL immunizations at least **TWO WEEKS PRIOR** to R-day. Immunizations have a risk of side effects, and some result in sore arms, fatigue, headaches, and other flu like symptoms. Receiving one or more of these inoculations on the first day of training could result in decreased physical performance during Cadet summer training. It takes 4-6 weeks for an immunization to produce an immune response and protect you from disease. Keep that in mind when scheduling your immunization appointments.

Lastly, it is important to pre-hydrate for summer training by drinking 2 liters of water daily for as many weeks as possible before reporting.

Please direct any and all questions regarding immunizations to the Head Nurse of the Mologne Cadet Health Clinic at 845-938-3003.

Initial Box:

I have read and understand the above noted instructions.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

# U.S. Military Academy Immunization Record Form (Cont.)

## Part II - To be completed by physician or health care provider only.

**D. Hepatitis A Vaccine (Hep A).** At least the first dose of the series is required for admission.

#1 // #2 // (must be at least 6 months after first dose.)

**E Hepatitis B Vaccine (Hep B).** At least the first dose of the series is required for admission.

#1 // #2 // (at least 1 month later.)

#3 // (at least 6 months after first dose)

**F. Twin RX. Hep A and Hep B Combination Vaccine.** At least the first dose of the series is required for admission. Not necessary if you have received/started the independent Hep A series and/or Hep B series.

#1 // #2 // (at least 1 month later.)

#3 // (at least 6 months after first dose)

**G. Varicella (Chicken Pox).**

#1 History of Chicken Pox. Year

NOTE: If you have had the chicken pox, please attach the results of a varicella titer to show proof of immunity.

Varicella titer result: \_\_\_\_\_ Date: \_\_\_\_\_

#2 Vaccination #1 // #2 // (at least 1 month later if vaccine was received as an adult.)

**H. Meningococcal (MGC, Menomune) Vaccine.** Required within one year of entrance into the USMA.

#1 //

**I. Tuberculosis Test (IPPD.)** Required within 6 months of entrance into the USMA.

Date Placed: // Date Read: //

MM induration: \_\_\_\_\_ X \_\_\_\_\_ Have you EVER had a positive result on a TB test? YES NO (Circle one)

IF "YES":

1. What was the reaction size? \_\_\_\_\_ millimeters

2. Was a Chest x-ray performed? YES NO (Circle one) 2a. Date: \_\_\_\_\_ Attach results.

3. Date prophylactic therapy completed if applicable \_\_\_\_\_

**J. Blood Type.** \_\_\_\_\_

Healthcare Provider's Signature: \_\_\_\_\_

Health Provider's name: \_\_\_\_\_

Health Provider's Address: \_\_\_\_\_

Health Provider's telephone number: \_\_\_\_\_