



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 (HepA). 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: _____