

# Birth Certificate Information

Form Approved -  
OMB No. 0702-0062  
Expires:

Print Name (Last, First, Middle, Jr., II, III, etc.)

Social Security Number

- A copy of my birth certificate is enclosed with this card.
- A copy of my birth certificate has been previously furnished to the United States Military Academy.
- Proof of citizenship provided.

Date

Signature

The public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Department of Defense, Washington Headquarters Services, Directorate for Information Operation and Reports (0702-0062), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please DO NOT RETURN this form to the above address. Send your completed form to Admissions Office, USMA, Official Mail and Distribution Center, 546 Swift Road, West Point, NY 10996-1905. PRIVACY ACT STATEMENT AUTHORITY: Title 5 USC, Ch 301; Title 10 USC, Ch 403 Sec 4346, Ch 503, Ch 506 Sec 5031, Ch 603 Sec 6958; Title 44 USC 3101; EO 9397. PRINCIPLE PURPOSE: Collection of data on Academy candidate in order to make sure file has been completed. DISCLOSURE IS VOLUNTARY. However, failure to provide information could preclude appointment. ROUTINE USE: To aid in the processing of cadets.

**USMA Form 5-499**  
1 Aug 80 (Rev Sep 2002)

Please fold the bottom of this card up to protect your personal information. Tape at the top and return it to the Director of Admissions. Thank you for your assistance.

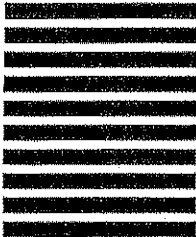
DIRECTORATE OF ADMISSIONS  
UNITED STATES MILITARY ACADEMY  
OFFICIAL MAIL AND DISTRIBUTION CENTER  
46 SWIFT ROAD  
WEST POINT, NEW YORK 10996-1905



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IN THE  
UNITED STATES

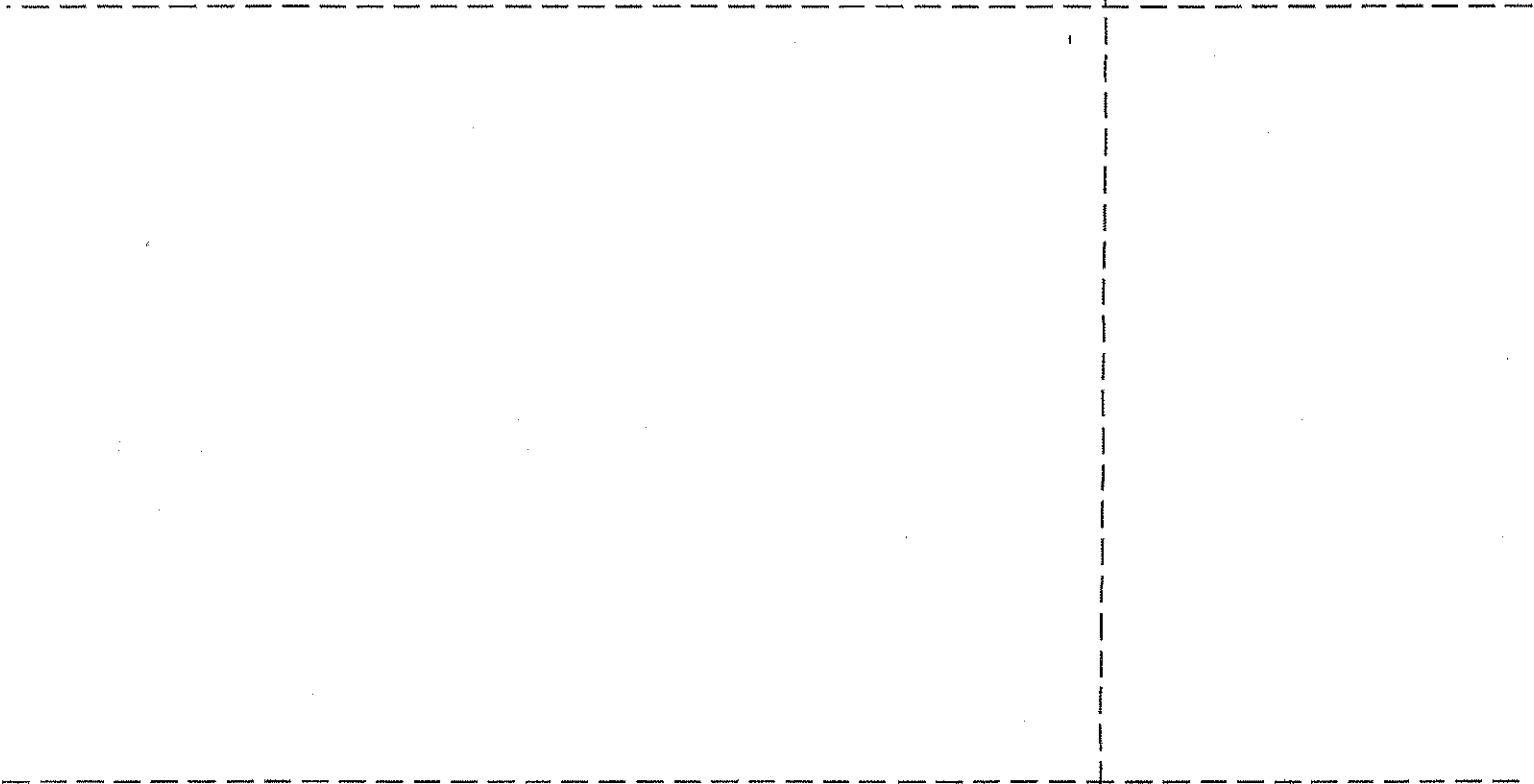
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**BUSINESS REPLY MAIL**  
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# VISION SURVEY

Form Approved -  
OMB No. 0702-0052  
Expires: 7/1/99

**PART I**

1. Name of Candidate \_\_\_\_\_ Sex: \_\_\_\_\_  
SSN: \_\_\_\_\_
2. Date of Last Complete Eye Examination (Other than USMA Application Physical Exam): Month \_\_\_\_\_ Year \_\_\_\_\_
3. Are glasses or contact lenses required for clear or comfortable vision? Yes  No   
(If YES checked, you are urged to have PART II completed by your Eye Physician or Optometrist.)

**PART II**

4. Spectacle Prescription  
(in Minus Cylinder Form)

SPHERE	CYL	AXIS	PRISM	ADD	DIST VA
					20//
					20//

5. Actual/Estimated  
Plastic Frame Size

PD	EYE	BRIDGE	TEMPLE

6. Remarks \_\_\_\_\_

Signature & Title of Examiner \_\_\_\_\_

Address \_\_\_\_\_

Date of Exam \_\_\_\_\_

The public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0702-0052), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please DO NOT RETURN this form to the above address. Return completed form to USMA, Admissions Office, Official Mail and Distribution Center, 646 Swift Road, West Point, NY 10996-1905. PRIVACY ACT STATEMENT AUTHORITY: Title 5 USC, Ch 301; Title 10 USC, Ch 403 Sec 4346, Ch 503, Ch 505 Sec 5031, Ch 602 Sec 6958; Title 44 USC 3101; EO 9397. PRINCIPLE PURPOSE: Collection of data on Academy candidate in order to make sure file has been completed. DISCLOSURE IS VOLUNTARY. However, failure to provide information could preclude appointment. ROUTINE USE: To aid in the inprocessing of cadets.  
USMA Form 5-490 1 Aug 87 (Rev Sep 2003)

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Please fold the bottom of this card up to protect your personal information. Tape at the top and mail. Thank you for your assistance.

## INSTRUCTIONS FOR COMPLETION OF VISION SURVEY FORM USMA FORM 5-490 (above)

**Part I.** You must complete all items in this section whether or not you wear eyeglasses or contact lenses.  
**Part II.** Your Optometrist or Eye Physician must complete all items in this section so the West Point Eye Clinic can order two pairs of military glasses for you prior to your arrival.

### SPECIAL INSTRUCTIONS TO EYE DOCTOR

**Item 4.** Even if your patient wears contact lenses full or part time, please complete the eyeglass prescription in MINUS cylinder form which provides the best full-time wear distance visual acuity.

**Item 5.** The frame to be provided at West Point will be a medium weight, brown plastic frame with keyhole bridge. It is S-10 shape (10mm difference between vertical and horizontal lens dimensions.) If patient presently wears a frame of a different style, write in the actual or estimated plastic frame size. Be sure to include PDI Standard base curves will be ordered unless otherwise specified.

**THIS FORM SHOULD REACH USMA NOT LATER THAN THE THIRD FRIDAY IN MAY. LATE APPOINTEES, MAIL AS SOON AS POSSIBLE.**

**DETACH ONLY AFTER USMA FORM 5-490 HAS BEEN COMPLETED BY YOUR EYE DOCTOR.**

MCUD (OPTOMETRY CLINIC)  
UNITED STATES MILITARY ACADEMY  
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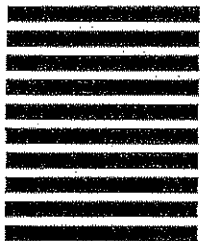


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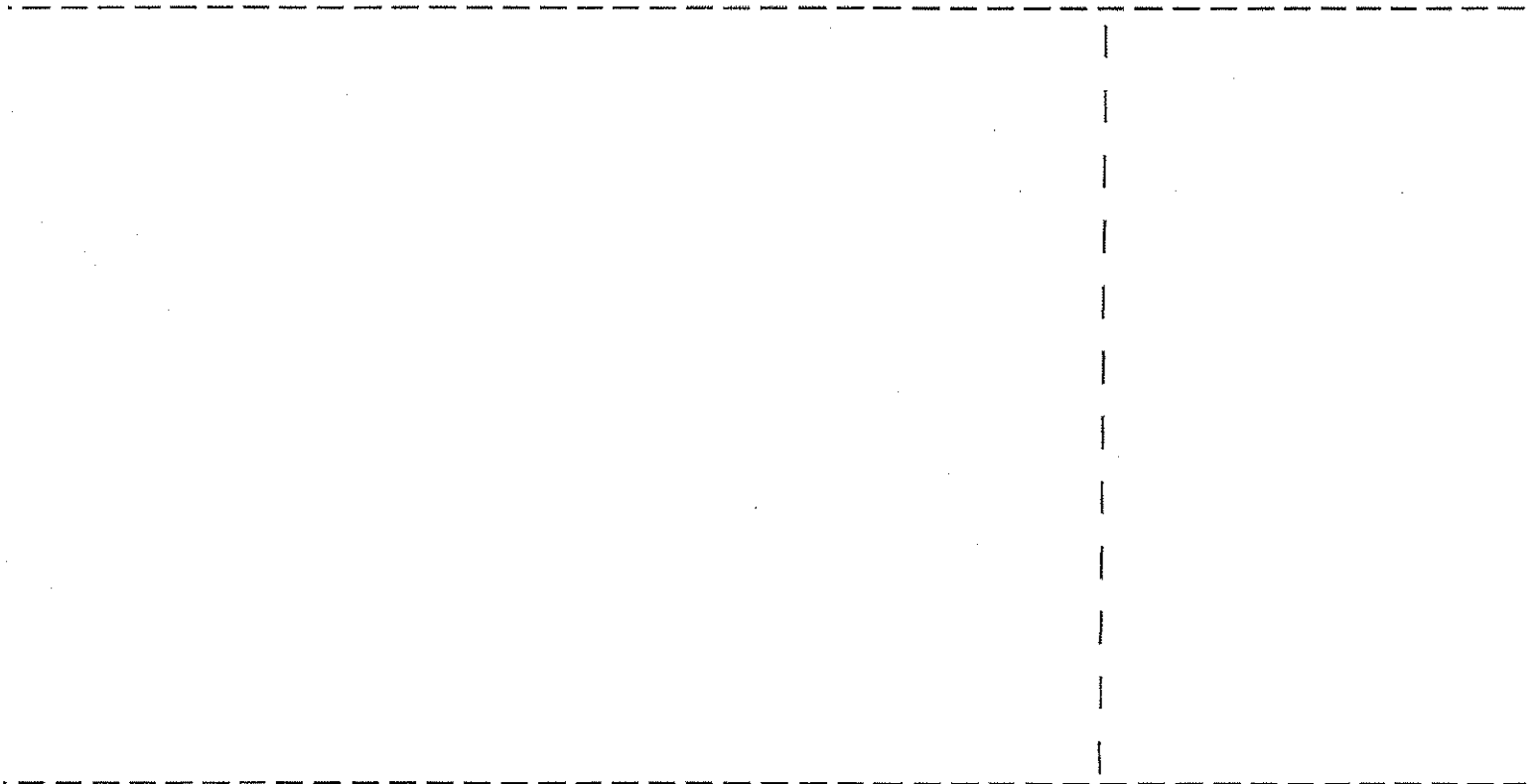
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WEST POINT NY 10996-9902



DATA Collected  
on Line

3

Print Legal Name (Last, First, Middle, Jr., II, etc.)		Hair Color	Eye Color	Blood Type
Social Security Number	Religious Preference	Place of Birth (City, State)		Date of Birth (Day, Mo., Yr.)
Parent's Name (Title, Rank, First, Middle, Last)				E-mail Address
Address (Street, City, State, Zip)				Citizenship
Telephone Number: ( )				
Stepparents/Divorced Parent Name (Title, Rank, First, Middle, Last)				E-mail Address
Address (Street, City, State, Zip)				Citizenship
Telephone Number: ( )		Name, Class of Sibling if a current cadet at USMA		
<b>If Naturalized Citizen:</b>	<b>Self</b>	<b>Father</b>	<b>Mother</b>	
Certificate Number:				
Court (City, State)				
Date Certificate Issued				
Naturalization Number				

The public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Department of Defense, Washington Headquarters Services, Directorate for Information Operation and Reports (0702-0062), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please DO NOT RETURN this form to the above address. Send your completed form to Admissions Office, USMA, Official Mail and Distribution Center, 646 Swift Road, West Point, NY 10995-1905. PRIVACY ACT STATEMENT AUTHORITY: Title 5 USC, Ch 301; Title 10 USC, Ch 403 Sec 4346, Ch 603, Ch 606 Sec 5034, Ch 603 Sec 5826; Title 44 USC 3101; EO 9397. PRINCIPLE PURPOSE: Collection of data on Academy candidate in order to make sure file has been completed. DISCLOSURE IS VOLUNTARY. However, failure to provide information could preclude appointment. ROUTINE USE: To aid in the processing of cadets.

USMA Form 2-66 1 Jul 81 (Rev Sep 2002)

Form Approved - OMB No. 0702-0062 Expires:

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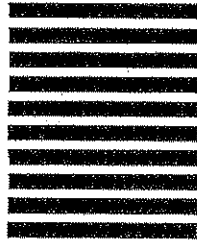
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646 SWIFT ROAD  
WEST POINT, NY 10996-1905



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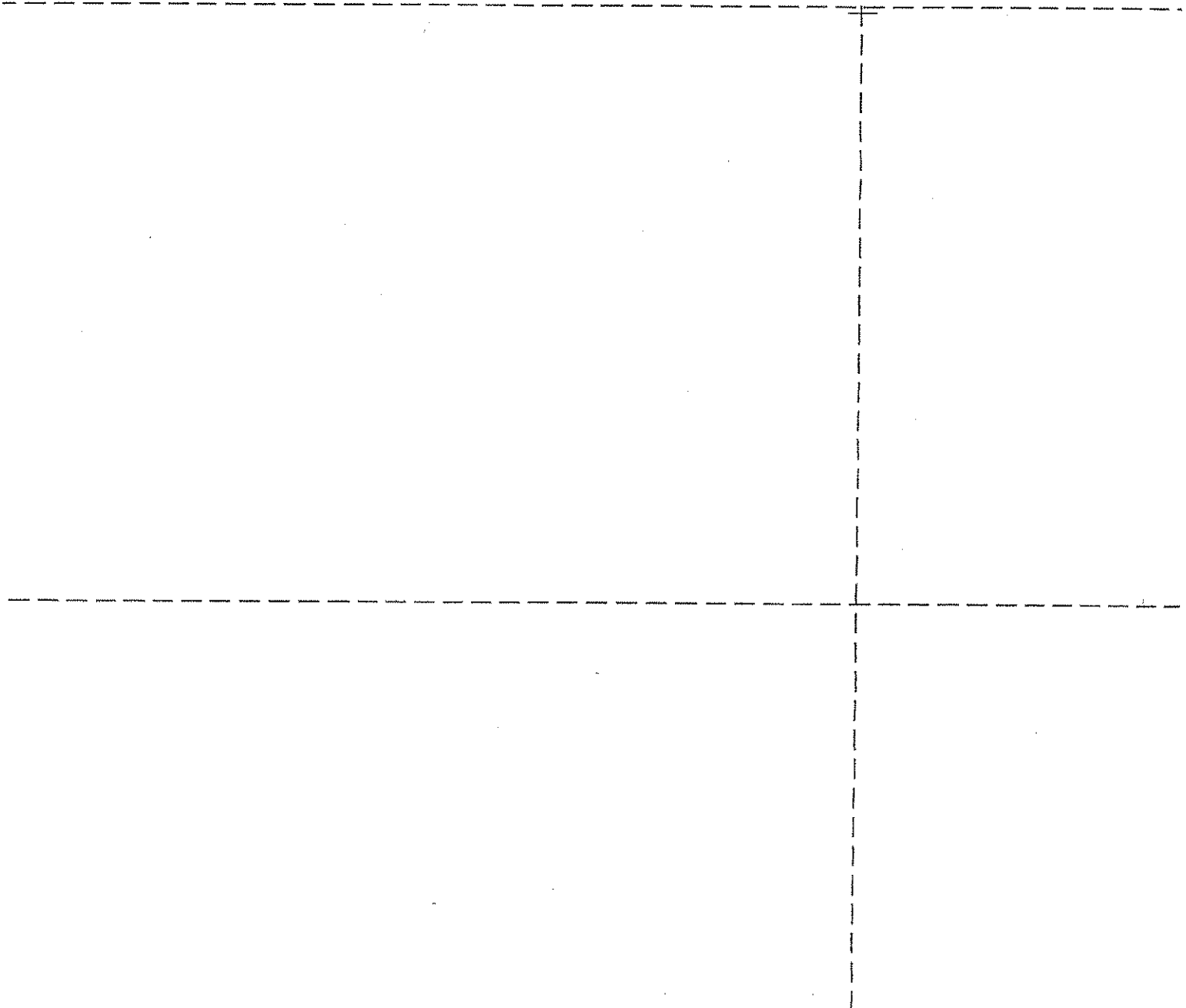
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WEST POINT NY 10996-9902



DATA Collected  
on line

5

UNIFORM DATA CARD (Please type)

Form Approved -  
OMB No. 0702-0062  
Expires:

Complete and Return Card #5 no later than April 15

NAME (Last, First, Middle Initial - Print Uppercase) Social Security Number

T-SHIRT SIZE ( S, M, L, XL, XXL, XXXL)

(Circle One)

HIP SIZE (SEAT) (in inches)

CHEST SIZE (in inches)

LEG INSEAM SIZE (in inches)

SHOE SIZE (8 1/2, 9, 9 1/2, 10 ...15)

SHOE WIDTH (A, B, C, D, etc.)

WAIST SIZE (26, 28, 30 ... 48)

HEIGHT (in inches)

NECK SIZE (in inches)

Circle One:

Male

Female

The public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0702-0062), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please DO NOT RETURN this form to the above address. Send your completed form to Admissions Office, USMA, Official Mail and Distribution Center, 646 Swift Road, West Point, NY 10996-1905. 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 5568; Title 44 USC 3101; EO 8397. PRINCIPLE PURPOSE: Collection of data on Academy candidate in order to make sure file has been completed. DISCLOSURE IS VOLUNTARY. However, failure to provide information could preclude appointment. ROUTING USE: To aid in the processing of cadets.

USMA FL847 (Rev Sep 2002)

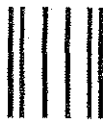
Please fold the bottom of this card up to protect your personal information. Tape at the top and mail. Thank you for your assistance.

INSTRUCTIONS FOR COMPLETION OF UNIFORM DATA CARD

— Print clearly and in uppercase letters. Include hyphens as necessary.

- **NOT SURE HOW TO MEASURE?** Go to [www.warfighter.net](http://www.warfighter.net) and click on "To enter the electronic catalog, click here". Then under Catalog Features in the right column, click on "Special Measurement Orders". Then, click on "Electronic Order Form". From there, scroll down to "Download the EOF Off-line Order Form" and click on the "Word 97 Version" for either "Army-Men" or "Army-Women." Contained in this Word document are diagrams of where to take body measurements. You will not be placing any order, only referring to the measurement instruction diagrams.

CADET SERVICES BRANCH  
UNITED STATES MILITARY ACADEMY  
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WEST POINT, NY 10996-1905



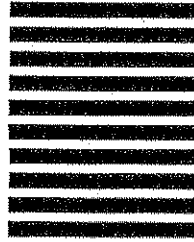
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UNITED STATES

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UNITED STATES MILITARY ACADEMY  
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# APPOINTMENT (Offer of Admission) DECLINATION

Form Approved -  
OMB No. 0702-0062  
Expires: 9/30/02

NAME (Print Last, First, Middle Name)

Social Security Number

I do not desire admission to West Point. I fully understand that by declining my appointment at this time I will not be considered for admission unless I reapply in a subsequent year.

## REMARKS

I have decided to attend:

If you are attending a civilian college, are you accepting a four-year ROTC scholarship?

Yes  No  if yes -- Army  Navy  Air Force

DATE

SIGNATURE

STATE

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PRIVACY ACT STATEMENT AUTHORITY: Title 5 USC, Ch 301; Title 10 USC, Ch 403 Sec 4346, Ch 603, Ch 605 Sec 5031, Ch 603 Sec 5956; Title 44 USC 3101; EO 8397. PRINCIPLE PURPOSE: Collection of data on Academy candidate in order to make sure file has been completed. DISCLOSURE IS VOLUNTARY. However, failure to provide information could preclude appointment. ROUTINE USE: To aid in the processing of cadets.

USMA FORM 5-489 (Rev Sep 2002)

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LOGISTICS SUPPORT SERVICES ORGANIZATION  
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WEST POINT, NY 10996-1905  
OFFICIAL BUSINESS



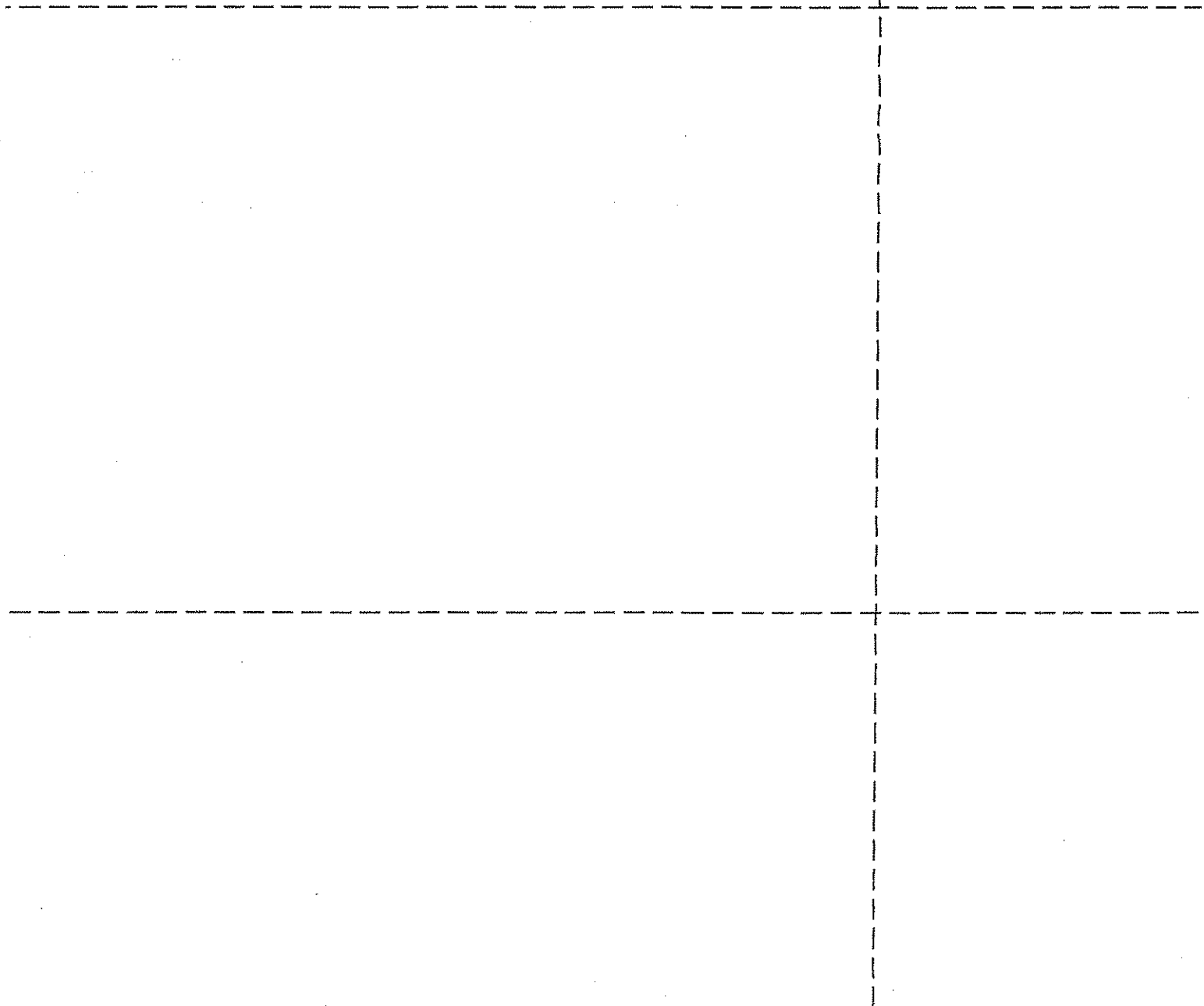
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DIRECTORATE OF ADMISSIONS  
UNITED STATES MILITARY ACADEMY  
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646 SWIFT ROAD  
WEST POINT NY 10996-9902



2

STATEMENT OF CONSENT

Form Approved  
OMB No. 0702-0062  
Expires:

I/We certify that \_\_\_\_\_ is not yet eighteen years of age and has no other legal guardian than me/us. I/We have read the entire contents of USMA Form 5-50. USMA Form 5-50 consists of the Oath of Allegiance, the Agreement to Serve and an Affirmation of marital status, child support, spousal support and custody obligations, thereby obligating my/our son/daughter in accordance with those terms.

Social Security Number: \_\_\_\_\_

Date

Parent or Legal Guardian

Other Parent

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USMA Form 5-519  
NOV 84 (Rev Sep 2002)

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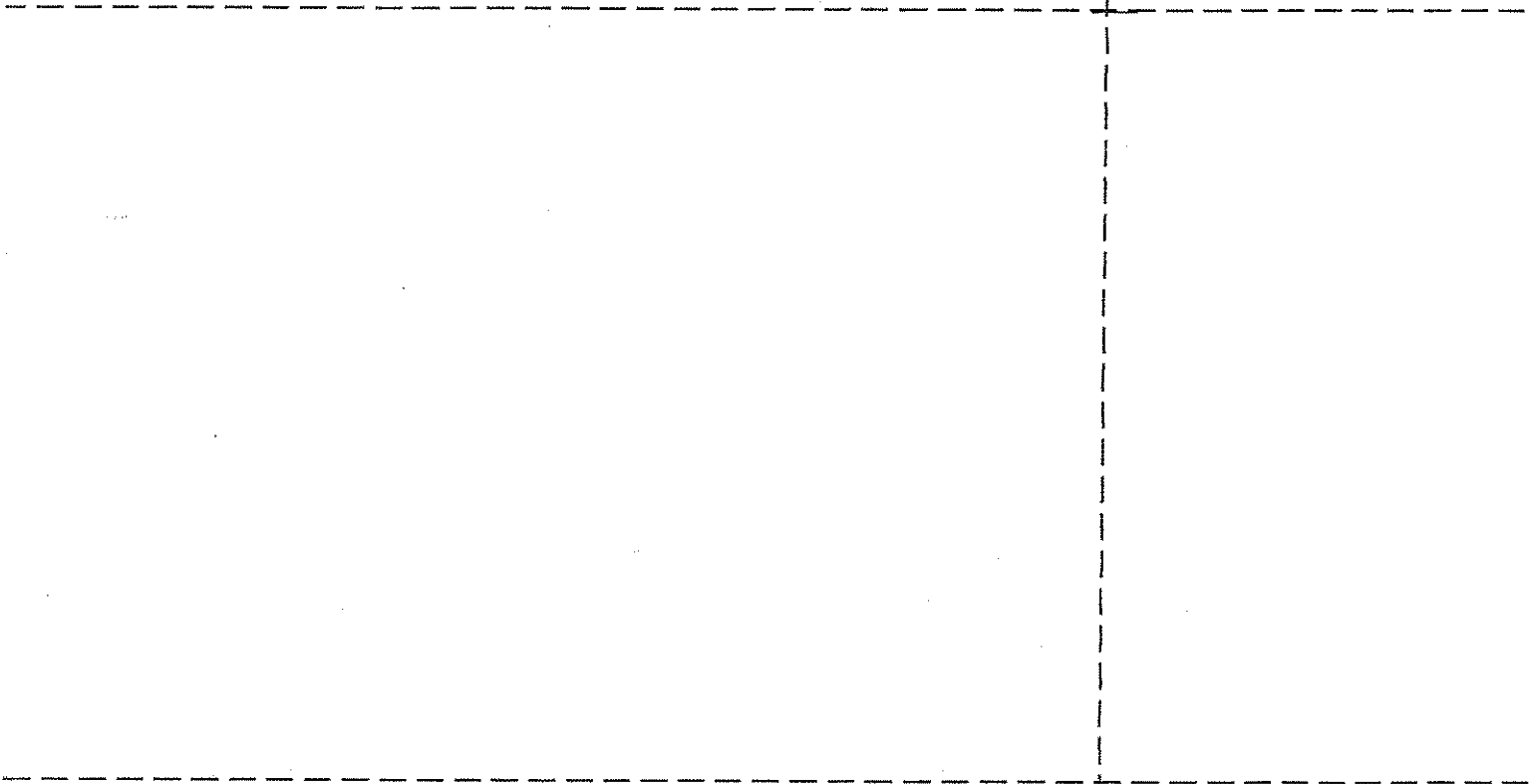
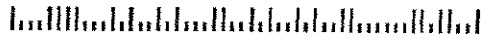
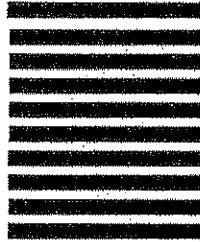
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UNITED STATES MILITARY ACADEMY  
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WEST POINT NY 10996-9902



DATA Collected  
ON LINE

Travel Arrangement Card

For official government airline reservations only; complete this card and mail immediately upon acceptance of your appointment. PLEASE TYPE OR PRINT CLEARLY.

Name of New Cadet \_\_\_\_\_

Address (street) \_\_\_\_\_

Address (city, state, zip code) \_\_\_\_\_

Home Telephone \_\_\_\_\_

Business Telephone and Name of Contact \_\_\_\_\_

Name of Airport and City closest to your residence \_\_\_\_\_

Government Paid airline ticket needed: Yes \_\_\_\_\_ No \_\_\_\_\_

Optional Hotel Package - CADETS ONLY (Does Not Include Parents)

\_\_\_\_\_ I accept the accommodation package for Newark. Please enclose a \$135.00 check payable to C.W.T. to the above address with this card. This package is for accommodations on June 26, 2005 with a same gender roommate, and bus transportation to the Academy on June 27, 2005. \_\_\_ Male \_\_\_ Female.

\_\_\_\_\_ I decline the accommodations package.

If you have been recruited for a sports team please indicate the team and the date you were advised to arrive.

If traveling with family members, please provide flight information \_\_\_\_\_

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USMA Form 8-2 1 OCT 90 (Rev Sep 2004)

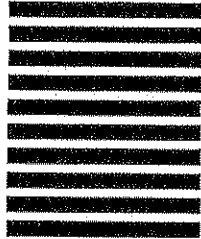
7

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CARLSON WAGONLIT TRAVEL  
UNITED STATES MILITARY ACADEMY  
OFFICIAL MAIL AND DISTRIBUTION CENTER  
646 SWIFT ROAD  
WEST POINT NY 10996-1905



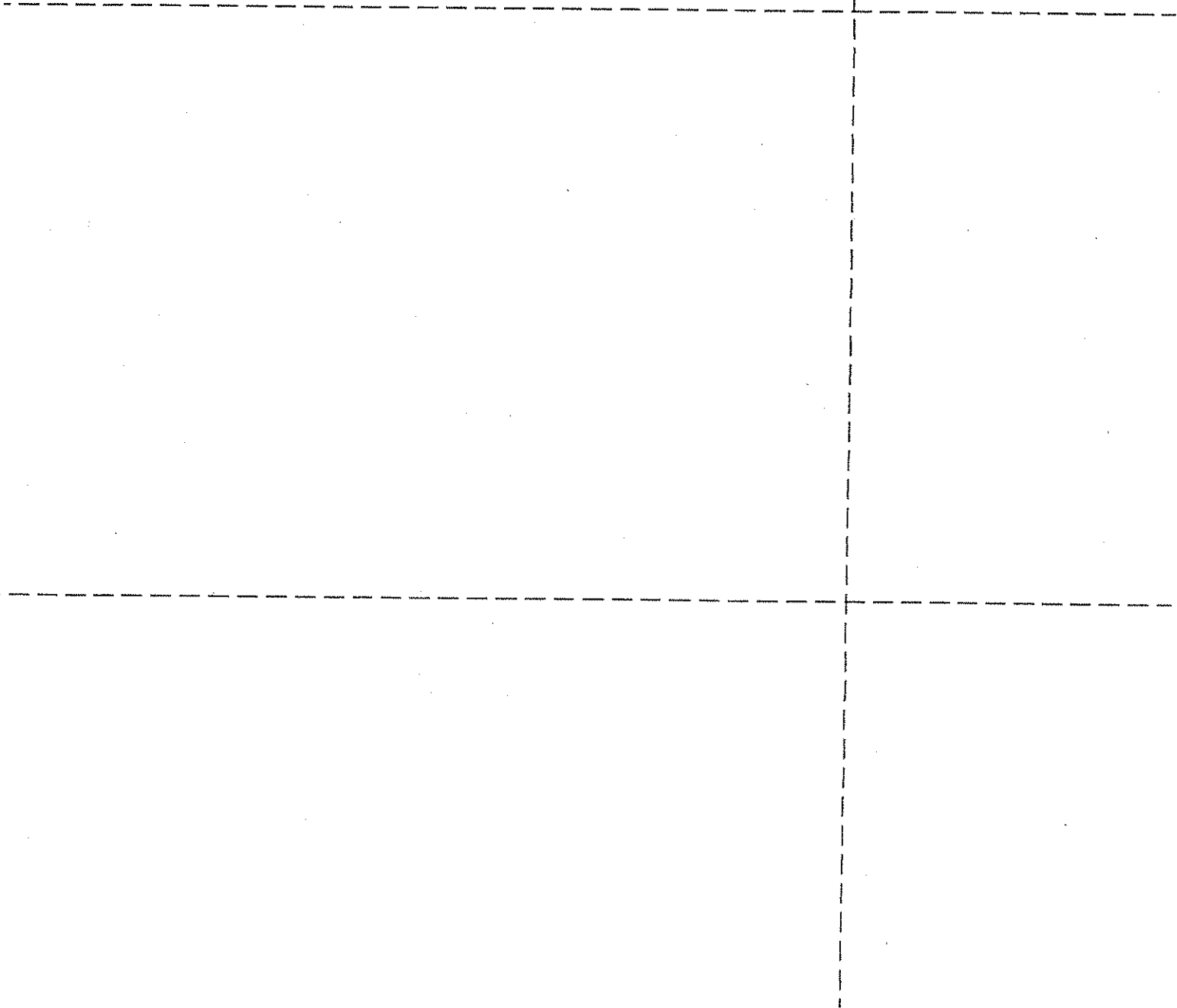
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WEST POINT NY 10996-9902



# CERTIFICATE OF AUTHORIZATION

Form Approved -  
OMB No. 0702-0062  
Expires: 1

Print Name (Last, First, Middle, Jr., II, etc.)

Social Security Number

I hereby appoint the Treasurer, United States Military Academy, and his/her successor or designee, as custodian and trustee of the initial deposit made by me and the total pay and allowances accruing to me by reason of my appointment to, and duty as, a Cadet at the United States Military Academy. Said custodian shall have the power to deposit said pay and allowances in an account maintained for my use and benefit in such depository as he/she may deem to be in my best interests. He/she shall have full authority to invest said funds and to use and/or expend said funds, or any part thereof, for any and all purposes incident to my use and benefit as determined by proper authority, provided such use is in accordance with applicable laws and regulations. I understand that a portion of any interest and dividends generated by the Cadet Personal Trust Fund may be used to pay the administrative costs of maintaining the Fund, including the salaries or any persons directly employed by the Fund, whose salaries are not paid with appropriated funds. This certificate of authorization is voluntarily made and shall be and remain in full force and effect during the entire period of my appointment and duty as a Cadet at the United States Military Academy unless sooner revoked.

Date

Signature

The public reporting burden for this collection of information is estimated to average 6 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0702-0062), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please DO NOT RETURN this form to the above address. Send your completed form to Admissions Office, USMA, Official Mail and Distribution Center, 646 Swift Road, West Point, NY 10996-1906. PRIVACY ACT STATEMENT AUTHORITY: Title 5 USC, Ch 301; Title 10 USC, Ch 403 Sec 4246, Ch 503, Ch 605 Sec 5031, Ch 603 Sec 6958; Title 44 USC 3101; EO 9397. PRINCIPLE PURPOSE: Collection of data on Academy candidate in order to make sure file has been completed. DISCLOSURE IS VOLUNTARY. However, failure to provide information could preclude appointment. ROUTINE USE: To aid in the inprocessing of cadets.

USMA Form 6-154 1 May 79 (Rev Sep 2002)

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TREASURER'S OFFICE  
UNITED STATES MILITARY ACADEMY  
OFFICIAL MAIL AND DISTRIBUTION CENTER  
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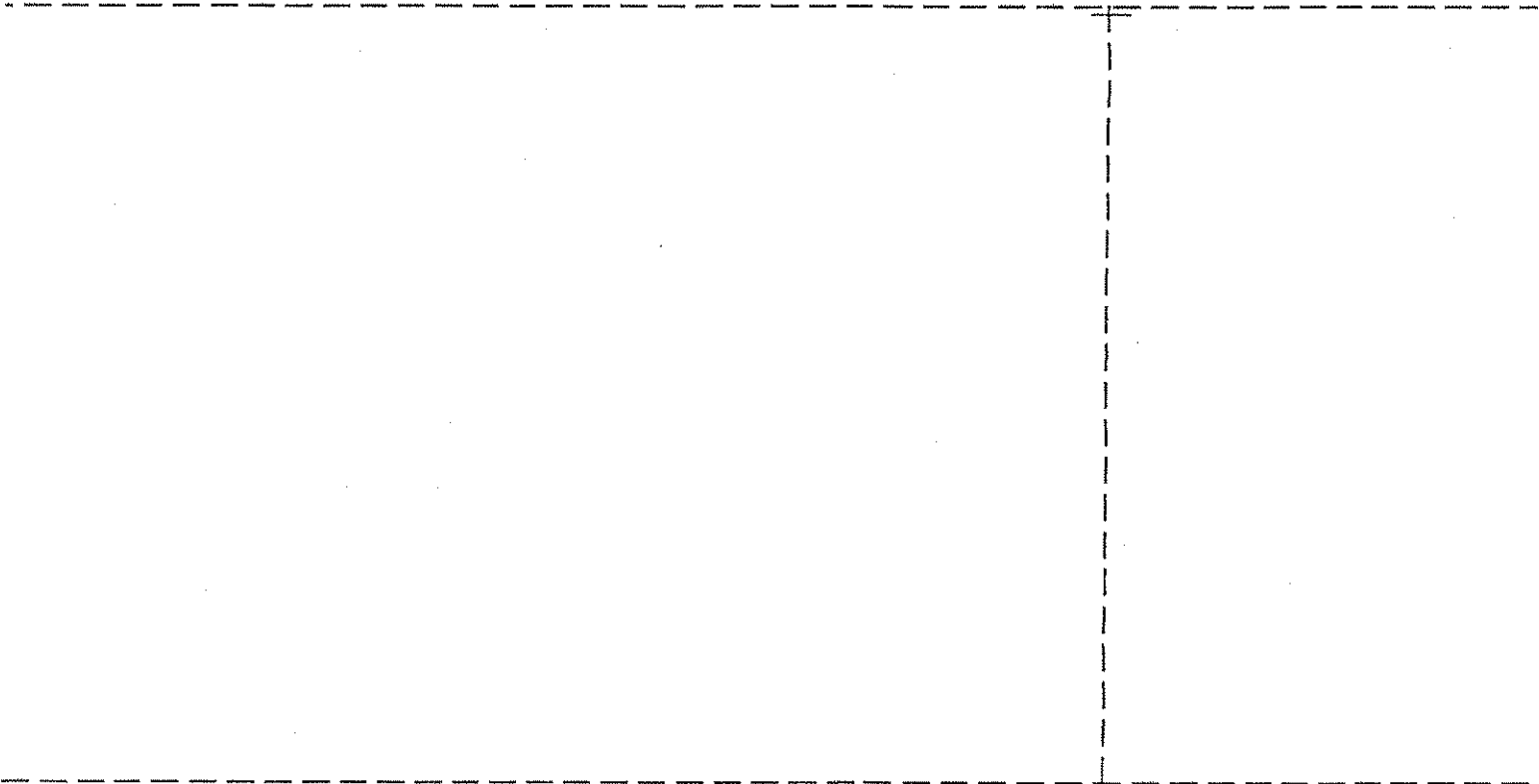
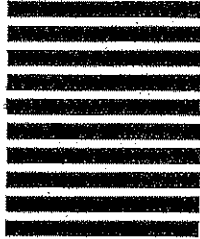
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# REQUEST FOR FINAL TRANSCRIPT

Form Approved -  
OMB No. 0702-0062  
Expires: 12/31/99

First Name, Middle Initial, Last Name                      Social Security Number

The student named above has been accepted for admission to the United States Military Academy. To complete the file it is necessary that we have a copy of the final senior year grades and the final four-year grade point average. Please complete this form as accurately as possible and submit it, WITH A COPY OF THE FINAL SENIOR YEAR GRADES, as soon as the current academic year ends. A pre-addressed postage free envelope is provided.

School (Official Name)                                              School Telephone Number

Street Address                                                                                              State and Zip Code

Candidate's Final (Cumulative) GPA                      Indicate How Grade Point Average Was Determined

Date                      Signature                                                                                              Title

**Send to: United States Military Academy, Admissions, 646 Swift Road, West Point, New York 10996-1905**

The public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Department of Defense, Washington Headquarters Services, Directorate for Information Operation and Reports (0702-0062), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please DO NOT RETURN this form to the above address. Send your completed form to USMA, Admissions Office, Official Mail and Distribution Center, 646 Swift Road, West Point, NY 10996-1905. PRIVACY ACT STATEMENT AUTHORITY: Title 5 USC, Ch 301; Title 10 USC, Ch 403 Sec 4346, Ch 603, Ch 805 Sec 8031, Ch 803 Sec 5958; Title 44 USC 3101; EO 8397. PRINCIPLE PURPOSE: Collection of data on Academy candidate in order to make sure file has been completed. DISCLOSURE IS VOLUNTARY. However, failure to provide information could preclude appointment. ROUTINE USE: To aid in the inprocessing of cadets.

USMA Form 5-515 NOV 84 (Rev Sep 2002)

Please fold the bottom of this card up to protect your personal information. Tape at the top and mail. Thank you for your assistance.





# 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: \_\_\_\_\_

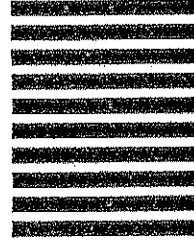
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