

United States Coast Guard Academy Immunization Record Form for CGAS Class of 2023

The Notice of Privacy Practices, Military Health system effective April 14, 2003 as required by the Health Insurance Portability and Accountability Act (HIPAA) applies and can be viewed electronically at <https://tricare.mil/Privacy/HIPAA>.

Directions:

1. Print form; single side option. Do NOT print on both sides of the paper.
2. Use **black** ballpoint pen to complete form. Do not use felt tip pen or pencil. Line through errors, initial and provide correct information above or to the side of the applicable box. Do NOT use correction fluid/tape.
- 3. Enter name and SSN on each page**
4. A physician, nurse practitioner (APRN), physician assistant (PA), nurse (RN or LPN), or other licensed provider should complete Part II. Prospective candidates are to ensure provider is aware of all directions.
- 5. All immunization documentation should be written on this form.**
6. For all dates, use six digits: **month - day- year format.**
7. The form should be signed and dated **AFTER** all immunizations have been given. If an immunization is given subsequently, the provider should sign for it in the margin.
8. If serology obtained, **attach a copy of the laboratory reports.** Ensure that the value for each result and the accompanying reference scale is listed. A simple "positive" or "immune" result is not adequate.
9. Four weeks prior to reporting, fax the completed form and lab reports to CG Academy Regional Clinic at 860-701-6475. Make two copies of the form and lab reports. Keep one copy at home of record and bring second copy to the Academy. Mail the original form and lab reports to CG Academy Regional Clinic, Attn: Immunization Department, USCGA, 15 Mohegan Ave., New London, CT 06320.

Completion of this form is required to ensure the health and wellness of all at the United States Coast Guard Academy (USCGA). All specified immunizations listed are required. Prospective cadets are strongly encouraged to obtain all necessary immunizations prior to reporting because immunizations have a risk of side effects such as soreness at injection site, fatigue, headache, and fever. Receiving several of these vaccines during the first week of training may result in decreased physical performance. Additionally, it can take up to several weeks to produce an immune response sufficient to protect one from disease.

All remaining immunizations or laboratory tests will be completed at the Academy.

If you have never been immunized, or if you have questions, call a CG Academy Regional Clinic Registered Nurse at 860-701-6155. If you are unable to reach the nurse, call Medical Administration at 860-444-8430.

Part I - To be completed by the prospective cadet

"I have read and understand the above directions. I understand all immunizations specified in Part II are required for admission." Prospective candidate's signature: _____

Optional: "I authorize a CG Academy Registered Nurse to discuss my immunization record with my parent or guardian." Prospective cadet's signature: _____

Last Name																					
First Name																					
M.I.	□	Gender	□	Social Security Number																	
Date of Birth (mm-dd-yy)																					
Cell phone																					
Home phone																					

Complete all immunizations 4 weeks prior to arrival. FAX AND MAIL form.

Name _____ SSN _____

Part II - To be completed by a physician or other health care provider

Enter dates in boxes or spaces provided. Use month-day-year format (mm-dd-yy).

Tuberculosis Skin Test (TST) Information:

All appointees will be given a TST **at the Academy** unless not indicated. No TST is necessary prior to reporting.

If appointee has received BCG, enter date given: _____

If appointee has had a **positive** TST, enter date: _____ and induration _____ mm

If positive, was chest X-Ray obtained? **Yes** **No** If yes, date of X-RAY: _____

Please attach X-Ray report

Date, type and duration of prophylactic therapy, if applicable: _____

Immunization history:

Hepatitis A - Two doses; at least the first dose of the series is required on entrance to USCGA

If immunization records are not available, a lab report proving immunity may be submitted instead.

#1 - - #2 - -

Positive Hepatitis A antibody serology test date: _____ **Attach lab report**

Hepatitis B - Three doses; at least the first dose of the series is required on entrance to USCGA

If immunization records are not available, a lab report proving immunity may be submitted instead.

#1 - - #2 - - #3 - -

Positive Hepatitis B surface antibody quantitative serology test date: _____ **Attach lab report**

Twinrix (Hepatitis A & Hepatitis B vaccine) may be substituted if age 18 years or older - Three doses; at least the first dose of the series is required on entrance to USCGA. Twinrix is not required if both the Hepatitis A series and Hepatitis B series have been given.

#1 - - #2 - - #3 - -

Measles, Mumps, Rubella (MMR) - Required: two doses

If immunization records are not available, a lab report proving immunity may be submitted instead.

#1 - - #2 - -
(After 1 year of age) (At least 4 weeks after first dose)

MMR IgG serology test date: _____ **Please attach lab report.** Indicate immunity status below

Rubeola (measles) immune not immune Mumps immune not immune Rubella immune not immune

Quadrivalent Meningococcal Conjugate - Required: one dose MenACWY/MCV4 (Menactra or Menveo) **after age 16 years and within 5 years of entrance to USCGA.** Enter most recent dose.

Note: Enter optional Meningococcal B (Bexsero or Trumenba) vaccinations on page 3.

Menactra - - or Menveo - -

Health Care Provider's Signature _____ Date: _____

Health Care Provider's Name (print or use stamp) _____

Complete all immunizations 4 weeks prior to arrival. FAX AND MAIL form.

