Immunization Record Form for Coast Guard Academy Scholars

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. By **June 1st**, submit this form, any lab reports, and a copy of your COVID Vaccination Card to CGASFORMS@uscga.edu. **Please attach all documents as a PDF file, DO NOT submit as images in the email body.** Please bring all originals with you on Swearing-In Day in July.

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) — — Email

Cell phone — —

Home phone — —

Complete all immunizations and submit form by June, 1st

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 and submit form by June, 1st

Name _____ SSN _____

Part II (continued) - 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).

Polio - Required: one dose **within one year of entrance to Academy.**
(One dose on accession or at/after 18 years of age required so as to be ready for world-wide travel)

☐☐ – ☐☐ – ☐☐

Please document childhood polio series:

☐☐ – ☐☐ – ☐☐ ☐☐ – ☐☐ – ☐☐ ☐☐ – ☐☐ – ☐☐

☐☐ – ☐☐ – ☐☐ ☐☐ – ☐☐ – ☐☐ ☐☐ – ☐☐ – ☐☐

Tetanus, Diphtheria, Pertussis - Required: one dose Tdap. If more than 10 years since administration, a subsequent dose of Td or Tdap is **also** required. List doses of Td given less than 10 years after Tdap as well.

Tdap ☐☐ – ☐☐ – ☐☐ **Td** ☐☐ – ☐☐ – ☐☐

Please document childhood DTaP series:

☐☐ – ☐☐ – ☐☐ ☐☐ – ☐☐ – ☐☐ ☐☐ – ☐☐ – ☐☐

☐☐ – ☐☐ – ☐☐ ☐☐ – ☐☐ – ☐☐ ☐☐ – ☐☐ – ☐☐

Varicella (Chickenpox) - Required: two doses or History of Chickenpox

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

History of Chickenpox? ☐ **YES** ☐ **NO**

Human Papillomavirus; Strongly Recommended version given: ☐ **9vHPV** ☐ **4vHPV**

#1 ☐☐ – ☐☐ – ☐☐ #2 ☐☐ – ☐☐ – ☐☐ #3 ☐☐ – ☐☐ – ☐☐

Optional: Meningococcal B version given: ☐ **Bexsero** ☐ **Trumenba**
Series cannot be completed at USCGA as neither vaccine is available at this time

#1 ☐☐ – ☐☐ – ☐☐ #2 ☐☐ – ☐☐ – ☐☐ #3 ☐☐ – ☐☐ – ☐☐

HEALTH CARE PROVIDER INFORMATION

Signature: _____ **Date:** _____

Name (print or stamp): _____

Mailing Address: _____

City, ST, ZIP: _____

Phone: _____ **Fax:** _____

Complete all immunizations and submit form by June, 1st