



**United States Coast Guard Academy
Coast Guard Academy Scholar Program
Immunization Record Form**



Revised April 2021

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 <http://www.tricare.mil/tma/privacy/default.aspx>

Directions:

1. Print form; single side option. **Do not** print on both sides of the paper.
2. Use black ballpoint pen only. Do not use felt tip pen or pencil. Print letters and numbers carefully and legibly. Line through errors, initial and provide the correct information above or to the side of the applicable box. Do not use correction fluid or tape.
3. **Enter name and SSN on each page.**
4. A primary care physician, nurse practitioner (APRN), physician assistant (PA), nurse (RN/LPN) or other licensed provider is to complete Part II. 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 another immunization is given subsequently, the provider should sign for it in the margin.
8. If serology obtained, **attach a copy of 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 1, 2021,** fax the completed form and lab reports to CG Academy Regional Clinic at: 860-701-6665. Make two photocopies of the form and lab reports. Keep one copy in a safe place at your home of record and bring the second copy to the Academy. Mail the original form and lab reports to U. S. Coast Guard Academy Admissions, Attn: CGA Scholar Program, 31 Mohegan Ave., New London, CT 06320.

Completion of this form is required to ensure the health and wellness of all CGA Scholars. All specified immunizations listed are required. Candidates are strongly encouraged to receive all necessary immunizations prior to reporting because immunizations have a risk of side effects such as sore arms, 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 several weeks to produce an immune response sufficient to protect one from disease.

All remaining immunizations or laboratory tests will be done at the Academy or prep school.

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

Part I – To be completed by candidate

“I have read and understand the above directions. I understand that all immunizations specified in Part II are required for admission.” Candidate’s signature: _____

Optional: “I authorize a CG Academy Regional Clinic Registered Nurse to discuss my immunization record with my parent/guardian.” **Candidate’s signature:** _____

Last Name

First Name

M.I. Gender Social Security Number – –

Date of Birth (mm-dd-yy) – – Email

Cell Phone – –

Home Phone – –

All immunizations should be given prior to June 1, 2021
Fax and mail form by June 1, 2021

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 candidates will be given a TST **at the Academy** unless it is not indicated.No TST is necessary prior to arrival

If candidate has received BCG, enter date given: _____

If candidate has had a **positive** TST, enter date _____ and induration _____ mmWas 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: _____

Hepatitis A – Two doses; at least the first dose of the series is required on entrance as CGA Scholar

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

#1 - - #2 - - (at least 6 months after first dose)Positive Hepatitis A antibody serology test date: _____ **Please attach lab report.****Hepatitis B** – Three doses; at least the first dose of the series is required on entrance as CGA Scholar

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

#1 - - #2 - - #3 - - Positive Hepatitis B antibody serology test date: _____ **Please attach lab report.****Twinrix (Hepatitis A/B combination vaccine if age 18 years or older)** – Three doses; at least the first dose of the series is required on entrance as CGA Scholar. Twinrix is not required if the independent 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 - - (after one year of age) #2 - - (at least 1 month after first dose)**Date of MMR serology:** _____ **Please attach lab reports.** Circle immunity status:**Measles titer:** immune / not immune **Mumps titer:** immune / not immune **Rubella titer:** immune / not immune**Meningococcal** – Required: one dose **MCV4 (Menactra or Menveo)** after age 16 years and within 5 years of entrance as CGA Scholar. (Enter any meningococcal B vaccinations on page 3.)Menactra - - OR Menveo - - **Health Care Provider's Signature** _____ **Date:** _____**Health Care Provider's Name (print or use stamp)** _____**All immunizations should be given prior to June 1, 2021****Fax and mail form by June 1, 2021**

Name _____ SSN _____

Part II (continued) — To be completed by a physician or other health care provider
Enter dates in boxes or spaces provided. Use mm-dd-yy format.

Polio – Required: one dose IPV within one year of entrance as CGA Scholar

(One dose on accession or at/after 18 years of age required so as to be ready for world-wide travel)

- -

Please document childhood series:

#1 - - #2 - - #3 - -
 #4 - - #5 - - #6 - -

Tetanus, Diphtheria, Pertussis – Required: one dose Tdap. If more than 10 years since administration of first Tdap, a subsequent dose of Td or Tdap **is also required.** Doses of Td given less than 10 years after Tdap should also be documented below.

Tdap - -

Td - -

Please document childhood series:

#1 - - #2 - - #3 - -
 #4 - - #5 - - #6 - -

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

#1 - -
 (After one year of age)

#2 - -
 (at least 1 month after first dose)

History of Chickenpox? YES / NO

Recommended: Human Papillomavirus – Circle vaccine type: 9vHPV (Gardasil 9), 4vHPV (Gardasil)
 Series may be completed at USCGA

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

Optional: Meningococcal B – Trade name must be circled: Bexsero or Trumenba
 Series cannot be completed at USCGA as these vaccines are not available at this time

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

HEALTH CARE PROVIDER INFORMATION	
Signature: _____	Date: _____
Name (print or use stamp): _____	
Mailing Address: _____	
City, ST, ZIP: _____	
Phone: _____	Fax: _____