

HEALTH FACE SHEET- PACKET DUE JUNE 1, 2019



Name _____
Last First Middle

Address: _____
Street City State Zip

Birth date: ___/___/_____ Age: ___ Birth Gender (circle): M / F Identifies as (circle): M / F

Student's E-mail (*non-MMA*) _____ Cell (____) _____

EMERGENCY CONTACT INFORMATION

Name _____
Last First Middle

Relationship _____ Home (____) _____ Cell (____) _____

INTENDED MAJOR/FIELD OF STUDY: _____

HEALTH INSURANCE: Name of Policy Holder: _____ DOB: _____

I plan on purchasing health insurance through MMA. Yes

Use UNIVERSITY HEALTH PLANS link located on the Class of 2023 page (Item #5) to purchase *OR* waive insurance.

**Please attach a copy of the front AND back of your insurance cards.*

ALLERGIES: _____

MEDICATIONS: _____

Student Name: _____ DOB: _____

SUPPLEMENTAL MEDICAL FORM

For Marine Transportation and Marine Engineering Majors



This form must be completed by your healthcare provider and returned with a copy of a physical within the last 18 months.

Cardiac Screening Questions

PLEASE EXPLAIN ANY "YES" ANSWERS ON THE REVERSE SIDE OF THIS SHEET

	No	Yes
Does the patient have a history of heart disease, including a murmur?		
Has the patient ever had an EKG or echocardiogram?		
Does the patient have a history of chest pain on exertion?		
Does the patient report any palpitations or irregular heart rhythm?		
Does the patient report lightheadedness or fainting during exertion?		
Is there a family history of sudden cardiac death or cardiac event? Please specify who and at what age.		

Cardiac Examination

Rate and rhythm		Normal		Abnormal
Murmur (describe)		Present		Absent
If murmur is present	Standing makes it	Louder	Softer	No change
	Squatting makes it	Louder	Softer	No change
	Valsalva makes it	Louder	Softer	No change

Ishihara 14 plate Color Vision Test: Number of Errors _____

Field of vision: Patient has 100 degree horizontal field of vision. Yes _____ No _____

Student Name: _____ DOB: _____

Required Tuberculosis Test (within 6 months of entering the Academy)

This may be a Tuberculosis skin test (PPD) **OR** an IGRA blood test (QuantiFERON-TB Gold or T-Spot). Fill in one test only.

PPD Date planted _____ Date read _____ Result _____

IGRA Test type _____ Date _____ Result _____

Previous positive PPD please attach proof of treatment and a negative chest x-ray

Notice of USCG Deficiency and Waiver Process

The United States Coast Guard (USCG) maintains strict medical standards to ensure that mariners can safely service in the capacities of their licensed credential. Some medical conditions may preclude a student from obtaining a license or may result in a license with restrictions. The top ten conditions that cause the Coast Guard to request supporting medical documentation or to deny a license are Cardiovascular Conditions, Diabetes, Psychiatric Disorders, Sleep Disorders, Chronic Use of Impairing Medications, Impaired Hearing, Alcohol/Drug Abuse, Seizures (must be seizure free for 8 years), Color Blindness, Vision worse than 20/40 with glasses, and Pulmonary Conditions (including severe asthma and history of pneumothorax). A complete list of medical conditions may be found on the National Maritime Center website:

www.uscg.mil/nmc/medical/default.asp

USCG medical standards must be met in order for them to issue a USCG license and MMA cannot award a diploma unless a license is issued by the Coast Guard.

Please list any conditions in the above named patient's medical history that might impact his/her ability to obtain a USCG medical certificate.

Student Name: _____ DOB: _____

Medical Clearance to Participate

Orientation at Massachusetts Maritime Academy is physically demanding. **NO** accommodations can be made during Orientation; therefore a student must be cleared to fully participate in order to attend.

The participant must be able to safely perform the following:

- Intense marching drills during hot and humid weather
- Physical training- including running, sprinting, push-ups and sit-ups
- Overhead activities without limitations of range of motion or strength
- Swimming, including water polo
- Spend three days on the training ship and be able to climb ladders, grasp railings and maintain balance on a moving ship

Please indicate if the patient has now, or has a history of **asthma, diabetes, exercise induced anaphylaxis, kidney disease, pilonidal cyst or rhabdomyolysis.**

The above named student may safely participate in Orientation at Massachusetts Maritime Academy in August, 2019 without restrictions or limitations.

Signature of MD, NP or PA _____ Date: _____

It is the responsibility of the cadet candidate to notify Health Services of any changes to their medical condition that occur after this form is signed and prior to the start of Orientation. Withholding medical information is an Honor Code violation that may result in dismissal.

Signature of student _____ Date: _____

For any questions please contact Health Services at 508-830-5048

Or email nurse@maritime.edu

REQUIRED IMMUNIZATION LIST



Please provide proof of ALL REQUIRED immunizations listed below:

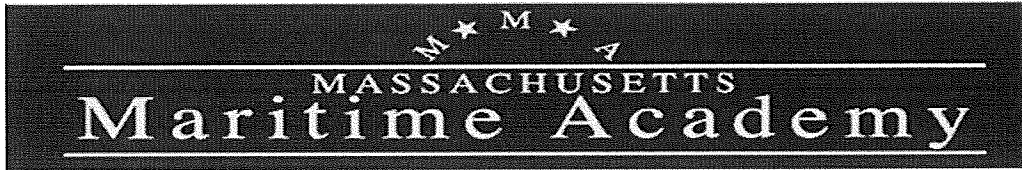
- **Hepatitis A Vaccine:** Two doses required to complete the series. At least one dose must be given prior to attending MMA.
- **Hepatitis B Vaccine:** Completion of the three dose series.
- **MMR Vaccine:** (Measles, Mumps and Rubella) - two doses or proof of immunity by a blood test.
- **Polio Vaccine:** Primary series and booster dose.
- **Tdap Vaccine:** (Tetanus, Diphtheria and Acellular Pertussis) - one dose required within the last 10 years.
- **Varicella Vaccine:** (Chicken Pox) - two doses or documentation of having had the disease or proof of immunity by a blood test.
- **Meningococcal Vaccine:** One dose for all residential students given within the last 5 years. **(If the first dose was given before age 16 a booster dose is required.)**
- **Meningitis B Vaccine:** Strongly recommended not required. First dose before Orientation. Completion of series per protocol.
- **HPV:** Strongly recommended not required.

PROOF OF IMMUNITY MAY ALSO BE ESTABLISHED BY A BLOOD TEST. SUBMIT A COPY OF THE ACTUAL LAB RESULT IF YOU CHOOSE THIS OPTION.

Mail or email a copy of your immunization record that you obtain from your Primary Care Provider to:

**Massachusetts Maritime Academy
Health Services
101 Academy Drive
Buzzards Bay, MA 02532
Email: nurse@maritime.edu**

INSTRUCTIONS FOR COMPLETING YOUR ON-LINE HEALTH PORTAL



- Your MMA Username and Password will be sent to you after May 1
 - Call the IT Help Desk at 508-830-5308 if you do not get it
- Go to the MMA homepage and click on STUDENT SERVICES, then HEALTH SERVICES
 - Click on the bolded words HEALTH PORTAL
- You can also access the Health Portal from the Health Services section of the **Class of 2023 Page**
- Sign in using your MMA user name and password
- You have TWO sections to complete: FORMS and IMMUNIZATIONS (**BY JUNE 1, 2019**)
- Be sure to click SUBMIT when you have completed a section to save your answers
- FORMS
 - Health History
 - Privacy Policy
 - Meningitis Information and Waiver
 - Click SUBMIT
- IMMUNIZATIONS
 - Click on "Enter Dates"
 - Enter the dates of all required immunizations
 - Click SUBMIT to save your data
- Mail or email a copy of your immunization record from your Primary Care Provider. By State law we are required to verify the information.

**Massachusetts Maritime Academy
Health Services
101 Academy Drive
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Email: nurse@maritime.edu