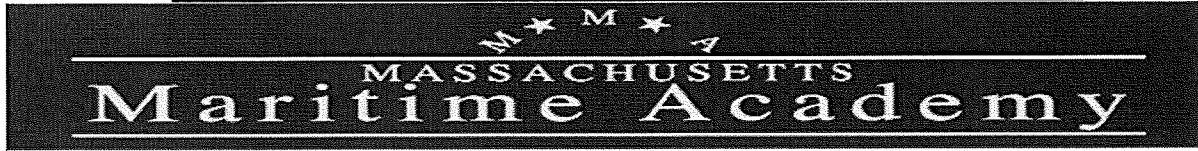


MEDICAL CLEARANCE CHECKLIST

**For Emergency Management, Energy Systems, Facilities Engineering, International
Maritime Business and Marine Safety & Environmental Protection**



Congratulations and welcome to Massachusetts Maritime Academy!

Please print this entire packet.

The following is **mandatory** medical information that must be submitted by July 1, 2017

THINGS FOR YOU TO COMPLETE

- **Health Face Sheet** (Found in this packet)
- **On-line Student Health Portal** (Directions are at the end of this packet)

THINGS TO GET FROM YOUR PRIMARY CARE PROVIDER

- **Supplemental Medical Form**
 - Your PCP should fill out this form and sign it
 - You must also sign this form
- **Physical Examination**
 - Submit a copy of your physical exam from your PCP
-PCP may use his/her own form. No specific MMA form
 - Exam must have been within the last 18 months (done after March 1, 2016)
 - Athletes: NCAA requires a physical within 6 months (done after March 1, 2017)
- **Copy of Immunization Record**
 - Refer to "MMA Required Immunization List" in this packet
 - Pay close attention to the Hepatitis A and Meningococcal vaccine requirements

Email or mail your completed packet by July 1, 2017 to:

Massachusetts Maritime Academy Health Services
101 Academy Drive
Buzzards Bay, MA 02532

Email: nurse@maritime.edu

For questions call 508-830-5048 or email to the above email

HEALTH FACE SHEET



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 insurance through MMA. Yes

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

ALLERGIES: _____

MEDICATIONS: _____

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 CHOSE THIS OPTION.

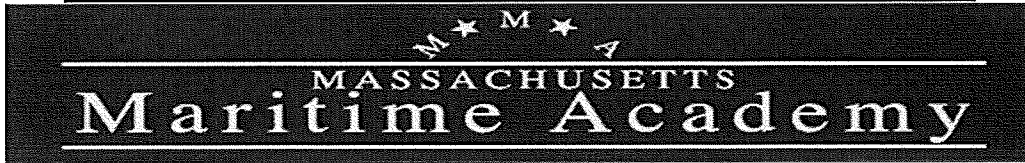
Mail or email a copy of your immunization record that you got from your Primary Care Provider to:

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

Student Name: _____ DOB: _____

SUPPLEMENTAL MEDICAL FORM

**For Emergency Management, Energy Systems, Facilities Engineering, International
Maritime Business and Marine Safety & Environmental Protection**



This form must be completed by your healthcare provider at the time of your physical exam

Cardiac Screening Questions:

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

	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?		

Cardiac Examination:

Rate		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

Student Name: _____ DOB: _____

Medical Clearance to Participate

Orientation at Massachusetts Maritime Academy is physically demanding. The participant must be able to safely participate in marching drills and physical training (running, push-ups, sit-ups) during weather that may be hot and humid. Additionally, the participant must be safe to spend three days on the Academy training ship and must be able to climb ladders, grasp railings and maintain balance on a moving ship. There are few accommodations that can be made during Orientation; therefore a student must be cleared to fully participate in order to attend.

Please list any medical issues that would be of concern during participation in Orientation: _____

I have examined the above named student and find them able to safely participate in Orientation at Massachusetts Maritime Academy in August of 2017 without limitations.

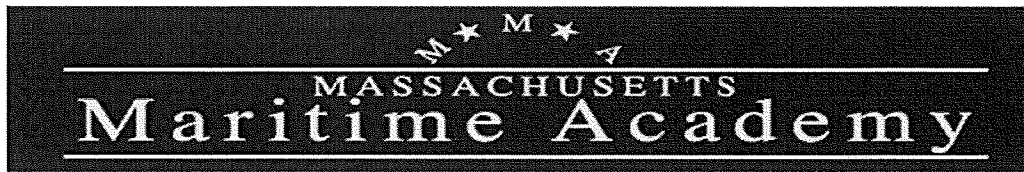
If the medical condition changes prior to the start of Orientation it is the responsibility of the incoming student to report these changes to Health Services for review. Failure to disclose medical information is an Honor Code violation and may result in dismissal.

Signature of MD, NP or PA _____ Date: _____

Signature of student _____ Date: _____

If you have any questions or concerns regarding this incoming cadet, please contact Health Services at 508-830-5048 or 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
- Sign in using your MMA user name and password
- You have TWO sections to complete: FORMS and IMMUNIZATIONS
- 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 you have electronically entered.

**Massachusetts Maritime Academy
Health Services
101 Academy Drive
Buzzards Bay, MA 02532**

Email: nurse@maritime.edu