

# United States Coast Guard Academy

## Immunization Record Form for Class of 2027

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. Make two copies of the form and lab reports. Keep one copy at home of record and bring second copy to the Academy. Please e-mail a copy of the completed form and lab reports to [SMB-CGA-Clinic-Immunizations@uscg.mil](mailto:SMB-CGA-Clinic-Immunizations@uscg.mil) by June 1st. If you have received the COVID-19 vaccine, please also provide a copy of your immunization card. Failure to submit the form and lab reports via e-mail in advance will result in you receiving all required vaccines upon arrival at medical in-processing.

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 about vaccine requirements, 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 cadet'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	<input type="text"/>																							
First Name	<input type="text"/>																							
M.I.	<input type="text"/>	Gender	<input type="text"/>	Social Security Number	<input type="text"/>			—	<input type="text"/>		—	<input type="text"/>												
Date of Birth (mm-dd-yy)	<input type="text"/>		—	<input type="text"/>		—	<input type="text"/>		Email	<input type="text"/>														
Cell phone	<input type="text"/>			—	<input type="text"/>			—	<input type="text"/>															
Home phone	<input type="text"/>			—	<input type="text"/>			—	<input type="text"/>															

**Complete all immunizations 4 weeks prior to arrival.**

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 \_\_\_\_\_ mmIf 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   -   -   (After 1 year of age) #2   -   -   (At least 4 weeks after first dose)MMR IgG serology test date: \_\_\_\_\_ **Please attach lab report.** Indicate immunity status belowRubeola (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.**

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 4 weeks prior to arrival.**