

**IMMUNIZATION RECORD FOR UNITED STATES NAVAL ACADEMY APPOINTEES**

Name	SSN	DOB	Phone	Your Age on I-Day	Date you turned 16
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The appointee consents to receiving the required immunizations for induction into the USNA. The appointee will bring **TWO** completed copies of this form along with any updates to this form on I-Day. Do not mail updates. DO NOT LEAVE IN YOUR BAGS AT I-DAY. Any vaccines not verified on I-day will be given. Vaccine information sheets are available at <http://www.cdc.gov/vaccines> electronically if you have questions on the vaccines.

Appointee Signature \_\_\_\_\_

**\*\*\* THIS SECTION TO BE COMPLETED BY PATIENT'S HEALTH CARE PROVIDER\*\*\*NO ATTACHMENTS ACCEPTED - Fill out this form. (PRINT)\*\*\***

**Vaccination requirements are listed on the next page.**

<b>Tuberculin Skin Test (PPD)</b> Provide documentation of a PPD skin test or QuantiferON®-TB Gold after Jan 1 of this year. If the applicant has a history of a reactive PPD test, documentation of the medical evaluation to include chest x-ray results and medication prophylaxis must be provided at I-Day.					Date of PPD _____ PPD Reaction READING in mm <u>    </u> mm (Record in <b>MILLIMETERS ONLY</b> - not "negative" or "positive") QuantiferON®-TB Gold results can be attached to this paperwork.		
Polio Mo/Day/Yr	DTP/DTaP Mo/Day/Yr	Tdap Mo/Day/Yr	Gardasil (HPV) Mo/Day/Yr	Menactra Mo/Day/Yr	Bexsero Mo/Day/Yr	Hepatitis A Mo/Day/Yr	Hepatitis B Mo/Day/Yr
1	1		1	1	1	1	1
2	2		2	2	2	2	2
3	3		3	Menveo Mo/Day/Yr			3
4	4	Td (do not document Tdap here) Mo/Day/Yr	Cervarix (HPV2) Mo/Day/Yr	1	Trumenba Mo/Day/Yr	Adenovirus 4/7 Prior Military Service Only Mo/Day/Yr	Twinrix (Hep A/B Combo) Mo/Day/Yr
5	5		2.	2	1		1
MMR Mo/Day/Yr	Varicella Mo/Day/Yr		3.		2		2
1	1				3		3
2	2						
COVID Moderna	COVID Pfizer	COVID Johnson and Johnson	COVID AstraZenca	COVID (any other, please specify)			
1	1	1	1	1			
2	2	2	2	2			
3	3	3	3				
4	4	4	4				

Name \_\_\_\_\_ Telephone \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**This form must be completed and signed by an MD, DO, PA, CNP, or RN. Healthcare Providers may call (410)293-1128 for any questions.**

**Mail to: Medical Records, Naval Health Clinic, 695 Kinkaid Rd, Annapolis, MD 21402. Do not FAX. Due NLT 15 May. Mail one copy and have appointee bring TWO copies of this form to I-Day along with any updates. DO NOT LEAVE IN YOUR BAGS!**

\*\*\*NAVAL ACADEMIC IMMUNIZATIONS STAFF ONLY: IDAY REQUIREMENTS\*\*\*NAVAL ACADEMIC IMMUNIZATIONS STAFF ONLY: IDAY REQUIREMENTS\*\*\*REQUIREMENTS\*\*\*

PPD OR Q-Gold must be done after Jan 1	Prev Med for +PPD over 5mm or abnormal Q-Gold	POLIO Adult dose after Age 17 required	Gardasil (HPV) 2 <sup>nd</sup> dose 1 month later, 3 <sup>rd</sup> dose 5 mon after 1 <sup>st</sup> and 4 months after 2 <sup>nd</sup> dose Below 15 years 2 doses 6 months apart DO NOT GIVE IF CERVERIX COMPLETED	Bexsero (2 <sup>nd</sup> dose at least 1 month later)  Trumenba 2 <sup>nd</sup> dose 6 months later	COVID	MENVEO Meningococcal  (One dose of Menveo or Menactra required after age 16) FOR NAPS or Prior service- dose must be in last 5 years	TDAP One dose required	HEP A PEDS 1-18YRS  (second dose 6 months later)	HEP A ADULT 19 & UP  (second dose 6 months later)	HEP B PEDS 0-19YRS  2 <sup>nd</sup> dose 1 month later, 3 <sup>rd</sup> dose 6 mon after 1 <sup>st</sup>	HEP B ADULT 20 & UP  2 <sup>nd</sup> dose 1 month later, 3 <sup>rd</sup> dose 4 months after 1 <sup>st</sup> (and 8 wks after second)	TWINRIX 18 & UP  2 <sup>nd</sup> dose 1 month later, 3 <sup>rd</sup> dose 6 mon after 1 <sup>st</sup>	Adenovirus 4/7  NONE
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This document may contain information covered under the Privacy Act, 5 USC 552(a) and/or the Health Insurance Portability and Accountability Act (PL104-191) and its various implementing regulations and must be protected in accordance with those provisions. **DO NOT REMOVE FROM MILITARY MEDICAL RECORD NMCLANNA 6230/7 (REV DEC 2018) Enclosure (1)**

**\*\*\*\*REQUIRED IMMUNIZATIONS: Modifications in requirements can be made based on DOD guidance, CDC guidance and mission needs\*\*\*\***

1. **Polio (Poliomyelitis)** - At least 3 doses are required to complete the series. Adult IPV booster is required for cadets age 17 or older.
2. **Tdap is REQUIRED!!** Childhood completion or catch up required per ACIP recommendations. Tdap required after age 11 (or in last 10 years).
3. **MMR & Varicella** - At least 2 doses of each are required. Proof of immunity will be done on I-Day. Do not send proof of immunity.
4. **Hepatitis A & B** - REQUIRED. Indicate if Twinrix, a combination vaccine, was used for HAV and HBV immunizations. Proof of immunity is acceptable.
5. **Menactra or MENVEO-REQUIRED.** One dose of Menactra or Menveo is required after patient turns 16 years and within past 5 years.
6. Bexsero OR Trumenba for MenB will be required. We prefer Bexsero at the USNA but will continue any series started.
7. **HPV-** for men and women is highly recommended. We will offer and/or continue vaccine series at I-Day.
8. **If a provider is uncomfortable with the above guidance, the required vaccines will be administered on I-Day at no cost to the Midshipmen. ADENOVIRUS will be required by CANNOT be done in Civilian sector. We will do on Induction Day.**

**FOR IMMUNIZATION STAFF AT NHC ANNAPOLIS ONLY IRT FOLLOW UP EVOLUTIONS**

JULY	MMR/VAR	February write DATE DUE after vaccine
<p>Reviewed BY-</p> <p><input type="checkbox"/> NO SHOTS REQUIRED</p> <p><input type="checkbox"/> COVID MODERNA</p> <p><input type="checkbox"/> COVID MODERNA BOOSTER</p> <p><input type="checkbox"/> COVID PFIZER</p> <p><input type="checkbox"/> IPV</p> <p><input type="checkbox"/> Gardasil/HPV</p> <p><input type="checkbox"/> Bexsero</p> <p><input type="checkbox"/> Trumenba</p> <p><input type="checkbox"/> Meningococcal/Menveo</p> <p><input type="checkbox"/> Tdap</p> <p><input type="checkbox"/> HEP A Peds 1-18 yrs</p> <p><input type="checkbox"/> HEP A ADULT 18 and UP</p> <p><input type="checkbox"/> HEP A TITER POSITIVE NO SHOT NEEDED (Update AHLTA)</p> <p><input type="checkbox"/> HEP B Peds 0-19 yrs</p> <p><input type="checkbox"/> HEP B ADULT 20 and UP</p> <p><input type="checkbox"/> HEP B TITER POSITIVE NO SHOT NEEDED (Update AHLTA)</p> <p><input type="checkbox"/> TWINRIX 18 and UP</p> <p><input type="checkbox"/> MMR (1 dose only)</p> <p><input type="checkbox"/> MMR (2 dose series)</p> <p><input type="checkbox"/> MMR Immune No SHOTS NEEDED (Update AHLTA)</p> <p><input type="checkbox"/> VAR (1 dose only)</p> <p><input type="checkbox"/> VAR (2 dose series)</p> <p><input type="checkbox"/> VAR Immune NO SHOTS NEEDED (Update AHLTA)</p>	<p>Reviewed BY-</p> <p>Follow up 1 month later for anyone needing 2 dose series on left</p> <p><input type="checkbox"/> NO SHOTS REQUIRED</p> <p><input type="checkbox"/> SECOND DOSE MMR</p> <p><input type="checkbox"/> SECOND DOSE VAR</p> <p><input type="checkbox"/> OTHER SHOTS:</p>	<p>Reviewed BY-</p> <p><input type="checkbox"/> NO SHOTS REQUIRED</p> <p><input type="checkbox"/> IPV</p> <p><input type="checkbox"/> Gardasil</p> <p><input type="checkbox"/> Bexsero</p> <p><input type="checkbox"/> Trumenba</p> <p><input type="checkbox"/> Menveo</p> <p><input type="checkbox"/> Tdap</p> <p><input type="checkbox"/> HEP A Peds 1-18 yrs</p> <p><input type="checkbox"/> HEP A ADULT 19 and UP</p> <p><input type="checkbox"/> HEP B Peds 0-19 yrs</p> <p><input type="checkbox"/> HEP B ADULT 20 and UP</p> <p><input type="checkbox"/> TWINRIX 18 and UP</p> <p><input type="checkbox"/> MMR (1 dose only)</p> <p><input type="checkbox"/> MMR (2 dose series)</p> <p><input type="checkbox"/> VAR (1 dose only)</p> <p><input type="checkbox"/> VAR (2 dose series)</p>