



Marine Military Academy

ADMISSIONS OFFICE

320 Iwo Jima Boulevard

Harlingen, TX 78550

TEL: (956) 423-6006 FAX: (956) 421-9273

REPORT OF MEDICAL HISTORY

(Submit to Physician or Medical Provider)

Name of Cadet (Applicant): _____
(please print) Last First Middle Date of Birth (mm/dd/yyyy)

MANDATORY STATE REQUIREMENT

IMMUNIZATIONS: PLEASE COMPLETE ALL BLANKS ATTACHMENTS ACCEPTED

DPT/DT						
Polio						
MMR						
Hep B						
Hep A						
Varicella Vaccine						
Hx Chicken Pox						
Meningococcal			Other			

*Visual Acuity: OD _____ OS _____ OU _____ *Hearing: AD _____ AS _____ WNL _____ AU _____

Report of Physical: Height (inches): _____ Weight (lbs): _____ Blood Pressure: _____

Please answer all of the following questions: (comment on all positive answers; use a separate sheet if needed)

	YES	NO		YES	NO		YES	NO
Chicken Pox; If yes, state age:	0	0	Chronic Cough	0	0	Anxiety/Nervousness	0	0
Measles	0	0	Sinusitis/Hay fever	0	0	Panic disorder	0	0
German Measles	0	0	Asthma	0	0	Bipolar I, II, nos	0	0
Mumps	0	0	Tuberculosis	0	0	Depression/Dysthymia	0	0
ENT Problems	0	0	Kidney Disease	0	0	ODD	0	0
Pulmonary Problems	0	0	Cardiac Disease	0	0	OCD	0	0
Neurological Problems	0	0	Orthopedic Problems	0	0	PTSD	0	0
Congenital Abnormalities	0	0	Surgery/Operations	0	0	Tourettes Syndrome	0	0
Alcohol or Drug Use	0	0	Head Injury	0	0	ADD/ADHD	0	0
Nocturnal Enuresis	0	0	Seizures/Epilepsy	0	0	Insomnia	0	0
Schizophrenia	0	0	Conduct disorder	0	0	Asperger Syndrome	0	0
Paranoia/Psychosis	0	0	IED	0	0	Autism	0	0

Other Unlisted Problems/Conditions: (Explain: attach office notes or use separate sheet)

Are the following systems normal? (Please fully describe any abnormalities.)

	NORMAL	ABNORM		YES	NO
1. Head/Ears/Eyes/Nose/Throat	0	0	ALLERGIES:		
2. Respiratory System	0	0	10. Penicillin	0	0
3. Cardiovascular System	0	0	11. Sulfa Drugs	0	0
4. Gastrointestinal	0	0	12. Serum	0	0
5. Genitourinary/Hernia	0	0	13. Foods (state which) _____	0	0
6. Musculoskeletal	0	0	14. Other: _____		
7. Metabolic/Endocrine	0	0			
8. Neuropsychiatric	0	0			
9. Dermatological/skin disorder	0	0			

Is there impaired function of any organ? (Please list) _____ YES 0 NO 0

Does the applicant have any physical limitations? (Please list) _____ YES 0 NO 0

Is the applicant undergoing or has undergone psychiatric treatment? (Please list) _____ YES 0 NO 0

Is the applicant undergoing or has undergone medical treatment? (Please list) _____ YES 0 NO 0

Is the applicant taking medication? (Please list) _____ YES 0 NO 0

Physician's Signature: _____ Date: _____

Physician Name: _____ Phone: _____ Fax: _____

(please print or stamp)

Address: _____

**IMMUNIZATION REQUIREMENTS FOR ALL
TEXAS PUBLIC AND PRIVATE SCHOOLS**

IN CCORDANCE WITH TEXAS STATE LAW THE MARINE MILITARY ACADEMY REQUIRES THAT EACH STUDENT BE FULLY IMMUNIZED. PROOF OF IMMUNIZATION OR MEDICAL EXEMPTION OR AN EXEMPTION FOR REASON OF CONSCIENCE MUST BE ON FILE FOR EACH STUDENT PRIOR TO ADMISSION.

REQUIRED IMMUNIZATIONS ARE LISTED BELOW:

DPT – TDAP **five** doses, the last one within the last 10 years (Required)

OPV – IPV **four** doses, the last one being on, or after the 4th birthday (Required)

MMR – **two** doses, the first one received after the 1st birthday (Required)

HEPATITIS B – **three** doses for students born after September 2, 1988 (Required)

HEPATITIS A - **two** doses for students born after September 2, 1992 (Required)

VARICELLA – **two** doses for anyone who has not had Chickenpox (Required)

MENINGOCOCCAL – **one** dose (Required) a booster 3-5yrs later

IMMUNIZATIONS MUST BE CURRENT BEFORE STUDENTS ARE ALLOWED TO ATTEND CLASSES (Title 25 Health Services, ss97.61-97.72 of the Texas Administrative Code)