



Marine Military Academy

MEDICAL ADDENDUM

(Parent/Guardian must complete)

Name of Cadet (or Applicant): _____
Please Print Last First Middle

1. During the past 12 months (since his last doctor physical) has your son: YES NO
a. been hospitalized?
b. had an injury requiring a doctor's visit?
c. had an illness lasting more than one week?
If yes to any of the above questions, please provide date(s) and reason(s): _____

2. Does your son take any medication(s) regularly?
If yes, please list medication with corresponding diagnosis: _____

3. Is there a reason limits should be put on your son's participation in sports?
If yes, please explain reason(s): _____

4. I affirm my child can swim or is not at risk of injury or death when swimming or otherwise accessing a body of water:

5. Do you prohibit your son from participation in contact sports such as football and/or boxing?
If yes, please explain reason(s): _____

6. Has your son had a concussion, fracture or been knocked out?
If yes, please explain reason(s) and date(s) of injury: _____

7. Has your son had convulsions, seizures, or been diagnosed with Epilepsy?
If yes, please explain reason(s) and date(s) of occurrence: _____

8. Is your son currently undergoing or has he undergone psychiatric care?
If yes, please explain reason **and include** a letter along with three office notes from the psychiatrist/doctor: _____

9. Is your son missing any organs?
If yes, please explain: _____

10. Is your son wearing a dental appliance? (i.e. braces, retainer, etc.)

11. Has your son been treated for a back or neck injury?
If yes, please explain reason(s) and date(s) injury: _____

12. Is your son allergic to any medication(s)?
If yes, please list medication(s) with allergic reaction symptom(s): _____

13. Does your son have any condition or undergoing medical treatment not otherwise indicated?
If yes, please explain: _____

14. My son received a TB skin test on _____ (date) result was negative on _____ (date).
The primary purpose of a TB screening is to maintain a healthy and safe campus environment and to reduce the direct and indirect costs associated with a case of tuberculosis disease on campus.

15. Parent/Guardian permission required for son to receive the influenza vaccine at a cost of \$25.00 billable to the parent/guardian. YES NO Not Applicable: vaccine given: _____ (date).
The Influenza vaccine will be given between October and November each year. It is NOT a required vaccine.

16. Has your son received immunizations not otherwise indicated or recorded by the MMA Medical Dept? Please provide an updated copy if your answer is yes.

I certify all information contained above is true, complete, and correct.

Date: _____ Parent/Guardian Signature Authorization: _____