



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

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

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

7. 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: \_\_\_\_\_

8. Is your son missing any organs?
- If yes, please explain: \_\_\_\_\_

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

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

11. Is your son allergic to any medication(s)?
- If yes, please list medication(s) with allergic reaction symptom(s): \_\_\_\_\_

12. Does your son have any condition or undergoing medical treatment not otherwise indicated?
- If yes, please explain: \_\_\_\_\_

13. 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.

14. 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.

15. (Enrolled Cadet) 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.

This form is also required annually (for an enrolled Cadet) and must be received by the MMA Medical Department prior to participation in any sport, intramural activity, practice, or game either on or off-season. The questions are designed to supplement the MMA Report of Medical History (doctor physical) that is required for initial enrollment. If changes occurred in your Cadet's health making it hazardous for him to participate, please note the changes. All "YES" responses not previously addressed on the Report of Medical History form require an updated doctor physical. All changes to your Cadet's health must be reported to the Medical Department to ensure no further injury occurs and that treatment is either started or completed as prescribed. I certify all information contained above is true, complete and correct.

Date: \_\_\_\_\_ Parent/Guardian Signature Authorization: \_\_\_\_\_