

Georgia Military College Student Health Services

201 E. Greene Street Milledgeville GA 31061-3398

Phone: (478) 387-4839 Fax: (478) 445-1928

Instructions for providing the required cadet physical and immunization forms.

October 2011

All Incoming Cadets and Parents

All incoming resident students (cadets) for the Milledgeville campus are **required to provide proof of medical readiness** prior to their enrolling into GMC as a member of the Corps of Cadets. This is required due to the strenuous nature of the activities the members of the Corps of Cadets participate in, to include daily physical training, Army ROTC training and other cadet physical activities. If you have any questions about this information, contact the **GMC Student Health Services Clinic at 478-387-4839**.

Physical Documentation

The various cadet programs at GMC have different requirements for documenting a cadet's physical readiness. Depending on the cadet program you are entering, you should submit the following documentation:

If you are a cadet participating in the *Early Commissioning Program (ECP)*, *State Service Scholarship Program* or the *Basic Cadet Program* and have a completed **Military Entrance Processing Station (MEPS) physical** that is less than two-years old, you should provide a complete copy of the following forms: **DD Form 2707-1**, (Report of Medical History), **DD Form 2808** (Report of Medical Examination) to the GMC Office of Admissions.

If you are a cadet participating in the *Early Commissioning Program (ECP)* and have a **Department of Defense Medical Evaluation Review Board (DODMERB) physical** less than two years old, you should ensure that those forms have been submitted to the GMC Office of Admissions.

If you have been selected to participate in the **U.S. Coast Guard Academy Preparatory Program**, you should submit your **Department of Defense Medical Evaluation Review Board (DODMERB)** you should ensure that those forms have been submitted to the GMC Office of Admissions.

If you are a cadet participating the *Basic Cadet Program* and *do not have a MEPS physical*, you must complete the **GMC Cadet Physical Examination Form**, the **GMC Medical History Form** and a signed **DA Form 3425-R Medical Fitness Statement for Senior ROTC** signed by a healthcare professional, to the GMC Office of Admissions. **These forms are available on the GMC website at the Health Services link under the Student Life section.**

Immunization Forms : *(These forms are also available on the GMC website at the Health Services link under the Student Life section)*

NOTE: *You should ensure that you have completed all of the required immunizations prior to enrolling at GMC as a cadet.*

All incoming cadets, regardless of the cadet program they are entering, must submit the following forms to GMC prior to their enrollment: These forms must be submitted to the GMC Office of Admissions

Certificate of Immunization Form: The form must be signed by a healthcare provider. If you have previous immunization records, you should have that information transcribed onto the Cadet Immunization Requirements Form by a healthcare provider.

Meningitis Vaccine Waiver Form: This form is to verify that the cadet HAS received a vaccination against meningococcal disease or has reviewed the information provided and declined to be vaccinated.

Tuberculosis Screening . The GMC Student Health Services office will conduct a Tuberculosis screening once students/cadets arrive on campus.

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GMC Cadet Physical MEDICAL HISTORY FORM

Date of Exam _____	SS#- _____
Name _____	Sex _____ Age _____ Date of birth _____
Grade- Freshman / Sophomore _____	Sport _____
Home Address _____	Phone _____
Insurance information: Company Name _____ Policy# _____ Group# _____	
<u>In case of emergency, contact:</u>	
Name _____	Relationship _____ Phone (H) _____ Phone(Cell) _____

1. Has a doctor ever denied or restricted your participation in sports for any reason?	<u>YES / NO</u>
2. Do you have an ongoing medical condition? (diabetes, asthma or seizure disorder)?	<u>YES / NO</u>
3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines?	<u>YES / NO</u>
4. Do you have allergies to medicines, foods, or stinging insects?	<u>YES / NO</u>
5. Have you ever passed out DURING/AFTER exercise?	<u>YES / NO</u>
6. Do you know your Sickle Cell Status?	<u>YES / NO</u>
7. Does anyone in your family have Sickle Cell Anemia?	<u>YES / NO</u>
8. Have you ever had <u>unusual</u> pain in your chest or shortness of breath during exercise?	<u>YES / NO</u>
9. Has a doctor ever ordered a test for your heart? (example: ECG, echocardiogram)	<u>YES / NO</u>
10. Does anyone in your family have a serious heart condition?	<u>YES / NO</u>

11. Have you ever had surgery?	<u>YES / NO</u>
12. Have you had a bone or joint injury that required X-rays, MRI, CT, surgery, injections, rehabilitation, a brace, a cast, or crutches? If yes, circle below: Head/ Neck/ Shoulder Elbow/ Forearm /Hand Chest/Arm /Fingers Hip /Thigh /Knee /Ankle/ Foot Back/ Shin /Toes	<u>YES / NO</u>
13. Have you ever had a stress fracture?	<u>YES / NO</u>
14. Do you regularly use a brace or assistive device?	<u>YES / NO</u>
15. Has a <u>doctor</u> ever told you that you have asthma?	<u>YES / NO</u>
16. Have you or anyone in your family ever been diagnosed with Marfans' Syndrome?	<u>YES / NO</u>
<u>FEMALES ONLY</u>	
16. Have you ever had a menstrual period stop due to extended exercise?	<u>YES / NO</u>
17. How many periods have you had in the last 12 months? _____	

Explain fully, all "YES" answers _____

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and accurate.

Signature of Cadet/Athlete _____ Date _____

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GMC Cadet Physical

PHYSICAL EXAMINATION FORM

Date of Exam _____

Name _____ Date of Birth _____ SS# _____

Height _____ Weight _____ Body Fat % _____ HR _____ BP _____ / _____ (____ / _____, ____ / ____)

Vision R _____ L _____ Corrected – **Yes/No** Contacts/Glasses _____

	NORMAL	ABNORMAL	FINDINGS	INITIALS*
<u>MEDICAL</u>				
Appearance				
Eyes/ears/nose/throat				
Heart				
Lungs				
Abdomen				
<u>MUSCULOSKELETAL</u>				
Neck				
Back				
Shoulder/arm				
Elbow/forearm				
Wrist/hand/fingers				
Hip/thigh				
Knee				
Ankle/Foot				

MEDICAL CLEARANCE

Is Not Cleared for Athletic participation/Military Drill/ROTC Physical Training secondary to _____

Is Cleared without restriction for Athletic participation/Military Drill/ROTC Physical Training _____

Cleared with recommendations for further evaluation or treatment for _____

Name of physician (print) _____ Date of Exam _____

Signature of physician _____, MD or DO. Phone _____

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Cadet Immunization Requirements

Term/Year of Enrollment: Fall Winter Spring Summer Year: 20__

Name: _____
Last First Middle

Date of Birth: _____

Required Vaccines

MMR (Measles/Mumps/Rubella): #1 _____ #2 _____

or laboratory evidence of immunity Date _____ Result _____

Td or Tdap (Tetanus booster within past 10 years): _____

Varicella (Chickenpox): #1 _____ #2 _____

or history of disease Date _____

or laboratory evidence of immunity Date _____ Result _____

Hepatitis B: #1 _____ #2 _____ #3 _____

(Required for students who are age 18 years or younger at time of admission)

or laboratory evidence of immunity Date _____ Result _____

Meningococcal (Meningitis): _____ or signed waiver attached

CERTIFICATION OF HEALTH CARE PROVIDER

Signature: _____

Name: _____ Phone: _____

Address: _____

Important Information re: Meningococcal Disease

The following information is provided to you as required by law. Please sign the attached form and return as directed.

Meningococcal Disease Facts:

- Meningococcal disease is a serious infection caused by bacteria, most commonly causing meningitis (an infection of the membranes that surround the spinal cord and brain) or sepsis (an infection of blood that affects many organ systems).
- College freshmen, particularly those living in dorms, have a modestly increased risk of getting the disease compared with other persons of the same age. Up to 100 cases occur among the 15 million college students in the United States each year, with 5-15 deaths. However, the overall risk of disease, even among college students, is low.
- Crowded living conditions and smoking (active or passive) are additional risk factors that are potentially modifiable.
- Bacteria are spread from person-to-person through secretions from the mouth and nose, transmitted through close contact. Casual contact or breathing in the same air space is not considered sufficient for transmission.
- Common symptoms include: stiff neck, headache, fever, sensitivity to light, sleepiness, confusion, and seizures. Invasive meningococcal disease, or blood infection with the organism, causes fever and rash.
- The disease can be treated with antibiotics, but treatment must be started early. Even with treatment, some patients may die. Survivors may be left with a severe disability such as the loss of a limb.
- A meningococcal polysaccharide vaccine is available for those who wish to pay for it.
- Vaccine protects against 4 of the 5 most common types of meningococcal bacteria and protection typically lasts 3-5 years.
- Vaccination may decrease the risk of meningococcal disease; however, it does not eliminate the risk because the vaccine does not protect against all types of meningococcal bacteria. Approximately 50-70% of disease among college students is likely to be vaccine-preventable.
- Vaccine may be available at travel clinics, health departments, student health services, or through private providers. Prices may vary.
- Information about meningococcal disease:
 - o the availability of a safe and effective vaccine
<http://www.cdc.gov/nip/publications/VIS/vis-mening.pdf>.,
 - o a listing of additional sources of information
<http://www.cdc.gov/nip/recs/teen-schedule.htm#chart>

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Meningitis Vaccine Waiver

The attached information re: meningococcal disease is provided to you as required by law.

The Georgia General Assembly passed legislation requiring public and nonpublic postsecondary educational institutions to give students residing in campus housing information about meningococcal disease and vaccine. Students are required to sign a document provided by the postsecondary institution stating that they have received a vaccination against meningococcal disease or reviewed the information and declined to be vaccinated. The governor signed the legislation on May 28, 2003; effective January 1, 2004 (Official Code of Georgia Annotated § 31-12-3.2).

Name: _____

Date of Birth: _____

Term/Year of Enrollment: Fall Winter Spring Summer Year 20____

In keeping with the law I acknowledge I have **reviewed the information provided to me by the institution and declined to be vaccinated.**

(Date)

(Signature)

(Date)

(Parent or Guardian Signature if student is under 18)

GEORGIA MILITARY COLLEGE

Tuberculosis (TB) Screening Questionnaire (to be completed by incoming students)

NAME _____

Date of Birth _____

Please answer the following questions:

Have you ever had close contact with persons known or suspected to have active TB disease? Yes No

Were you born in one of the countries listed below that have a high incidence of active TB disease? Yes No
(If yes, please CIRCLE the country, below)

Afghanistan	Côte d'Ivoire	Japan	Nicaragua	Sudan
Algeria	Croatia	Kazakhstan	Niger	Suriname
Angola	Democratic People's Republic of	Kenya	Nigeria	Swaziland
Argentina	Korea	Kiribati	Pakistan	Syrian Arab Republic
Armenia	Democratic Republic of the	Kuwait	Palau	Tajikistan
Azerbaijan	Congo	Kyrgyzstan	Panama	Thailand
Bahrain	Djibouti	Lao People's Democratic	Papua New Guinea	The former Yugoslav
Bangladesh	Dominican Republic	Republic	Paraguay	Republic of
Belarus	Ecuador	Latvia	Peru	Macedonia
Belize	El Salvador	Lesotho	Philippines	Timor-Leste
Benin	Equatorial Guinea	Liberia	Poland	Togo
Bhutan	Eritrea	Libyan Arab Jamahiriya	Portugal	Tunisia
Bolivia (Plurinational State of)	Estonia	Lithuania	Qatar	Turkey
Bosnia and Herzegovina	Ethiopia	Madagascar	Republic of Korea	Turkmenistan
Botswana	Fiji	Malawi	Republic of Moldova	Tuvalu
Brazil	Gabon	Malaysia	Romania	Uganda
Brunei Darussalam	Gambia	Maldives	Russian Federation	Ukraine
Bulgaria	Georgia	Mali	Rwanda	United Republic of
Burkina Faso	Ghana	Marshall Islands	Saint Vincent and the	Tanzania
Burundi	Guam	Mauritania	Grenadines	Uruguay
Cambodia	Guatemala	Mauritius	Sao Tome and Principe	Uzbekistan
Cameroon	Guinea	Micronesia (Federated States	Senegal	Vanuatu
Cape Verde	Guinea-Bissau	of)	Seychelles	Venezuela (Bolivarian
Central African Republic	Guyana	Mongolia	Sierra Leone	Republic of)
Chad	Haiti	Morocco	Singapore	Viet Nam
China	Honduras	Mozambique	Solomon Islands	Yemen
Colombia	India	Myanmar	Somalia	Zambia
Comoros	Indonesia	Namibia	South Africa	Zimbabwe
Congo	Iraq	Nepal	Sri Lanka	

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2010. Countries with incidence rates of ≥ 20 cases per 100,000 population. For future updates, refer to <http://apps.who.int/ghodata>

Have you had frequent or prolonged visits* to one or more of the countries listed above with a high prevalence of TB disease? (If yes, CHECK the countries, above) Yes No

* The significance of the travel exposure should be discussed with a health care provider and evaluated.

Have you been a resident and/or employee of high-risk congregate settings (e.g., correctional facilities, long-term care facilities, and homeless shelters)? Yes No

Have you been a volunteer or health-care worker who served clients who are at increased risk for active TB disease? Yes No

Have you ever been a member of any of the following groups that may have an increased incidence of latent *M. tuberculosis* infection or active TB disease – medically underserved, low-income, or abusing drugs or alcohol? Yes No

If the answer is YES to any of the above questions, Georgia Military College requires that you receive TB testing as soon as possible.

If the answer to all of the above questions is NO, no further testing or further action is required.

**CONTACT GMC HEALTH SERVICES FOR ADDITIONAL INFORMATION/QUESTIONS:
(478) 387-4839**