



Marine Military Academy

ADMISSIONS OFFICE
320 Iwo Jima Boulevard
Harlingen, TX 78550
TEL: (956) 423-6006 FAX: (956) 421-9273

MEDICAL ADDENDUM

(Parent/Guardian must complete)

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

This form must be completed for all Cadets ANNUALLY by the parent or guardian. **This form must be received by the Medical Office prior to Cadet participation in any sport, intramural activity, practice, or game, either on or off-season.** The questions are designed to supplement the Marine Military Academy Report of Medical History. If changes have occurred in your Cadet's health making it hazardous for him to participate, please note those changes. All "YES" responses not previously addressed on an MMA Medical History Form require a new complete physical examination.

- | | | | |
|-----|--|-----------------------|-----------------------|
| 1. | During the past 12 months (since his last physical): | YES | NO |
| | a. Has your Cadet been hospitalized? | <input type="radio"/> | <input type="radio"/> |
| | b. Has he had an injury requiring a doctor's visit? | <input type="radio"/> | <input type="radio"/> |
| | c. Has he had an illness lasting more than one week? | <input type="radio"/> | <input type="radio"/> |
| | If yes to any of the above, please note date(s) and reasons _____ | | |
| 2. | Does your Cadet take any medication(s) regularly? | <input type="radio"/> | <input type="radio"/> |
| | If yes, please list medication with corresponding diagnosis _____ | | |
| | Daily Medication Fee (<i>Non Refundable</i>): Daily medications are administered three times times per day during meals. Cadets taking medications must report (as needed) to Medical Department Personnel during this scheduled time to receive medications. Cadets cannot have prescription or over-the-counter medication in their possession. | \$150.00/semester | |
| 3. | Is there a reason limits should be put on your Cadet's participation in sports? | <input type="radio"/> | <input type="radio"/> |
| | If yes, please explain reason _____ | | |
| 4. | Do you <u>prohibit</u> your Cadet from participation in contact sports like football or boxing? | <input type="radio"/> | <input type="radio"/> |
| | If yes, please explain reason _____ | | |
| 5. | Has your Cadet had a concussion, fracture or been knocked out? | <input type="radio"/> | <input type="radio"/> |
| | If yes, please explain reason and date(s) of injury _____ | | |
| 6. | Has your Cadet had convulsions, seizures, or been diagnosed with Epilepsy? | <input type="radio"/> | <input type="radio"/> |
| | If yes, please explain reason and date(s) of occurrence _____ | | |
| 7. | Is your Cadet currently undergoing or has he undergone psychiatric care? | <input type="radio"/> | <input type="radio"/> |
| | If yes, please explain reason and include a letter or office notes from the psychiatrist _____ | | |
| 8. | Is your Cadet missing any organs? | <input type="radio"/> | <input type="radio"/> |
| | If yes, please explain _____ | | |
| 9. | Is your Cadet wearing a dental appliance? (i.e braces, retainer, etc..) | <input type="radio"/> | <input type="radio"/> |
| 10. | Has your Cadet been treated for a back or neck injury? | <input type="radio"/> | <input type="radio"/> |
| | If yes, please explain reason and date(s) injury occurred _____ | | |
| 11. | Is your Cadet allergic to any medication? | <input type="radio"/> | <input type="radio"/> |
| | If yes, please explain _____ | | |
| 12. | Does your Cadet have any condition or undergoing medical treatment not listed here? | <input type="radio"/> | <input type="radio"/> |
| | If yes, please explain _____ | | |
| 13. | Has your Cadet been immunized this year? If yes, please submit an updated copy. | <input type="radio"/> | <input type="radio"/> |
| 14. | I do / do not give (please circle indication) permission for my son to receive the influenza vaccine at a cost of \$25.00 billable to the parent/guardian. My son has already received this vaccine on _____(date). | | |
| | <i>The Influenza will be given between October and November each year. It is not a required vaccine.</i> | | |
| 15. | My son received a TB skin test on _____(date) result was negative on _____(date).
TB skin test should be performed yearly. | | |

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: _____

Medical Department Review (office use only) _____ Date: _____