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## Incoming Student Health Forms

2026 - 2027 | SUNY Maritime College

Welcome to SUNY Maritime! The State University of New York requires that all incoming students complete and submit health forms before beginning their studies. This information is accessible only to Health Services professional staff and will not be released without written student authorization or a lawfully issued subpoena. Authority to request this information is found in Section 355 of the Education Law.

Submit all forms via the Health Portal: <https://sunymaritime.studenthealthportal.com/Forms>  
**Please allow 10 business days for Health Services to review your submission.**  
**You will be contacted at your SUNY Maritime email when the review is complete.**

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## INCOMING STUDENT CHECKLIST

### Required for ALL New Incoming Students (2026-2027)

- Student Information & Emergency Contact Page
- Health Attestation Form
- Immunization Records
- Meningitis Response Form
- Physical Examination Form (all students, all majors)

### Required for ALL New Regimental / License Program Cadets (2026-2027)

- USCG License Program Policy Agreement
- Informed Consent for Physical Activity (INDOC)
- Medical Clearance for INDOC Participation
- History & Physical Examination
- U.S. Coast Guard CG-719K Application for Medical Certificate Guidance

## Student Information & Emergency Contact

<b>Student Name:</b> _____	<b>M#:</b> _____
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### STUDENT INFORMATION

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **MI:** \_\_\_\_  
**Street Address:** \_\_\_\_\_ **City:** \_\_\_\_\_  
**State:** \_\_\_\_ **Zip:** \_\_\_\_\_ **Date of Birth:** \_\_/\_\_/\_\_\_\_ **Age:** \_\_\_\_  
**Gender:**  Female  Male  Other: \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Preferred Phone:** (\_\_\_\_) \_\_\_\_-\_\_\_\_  
**Entering Term:**  Fall 2026  Spring 2027 **Program Type:**  Traditional  Regiment

### EMERGENCY CONTACT INFORMATION

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **MI:** \_\_\_\_  
**Street Address:** \_\_\_\_\_ **City:** \_\_\_\_\_  
**State:** \_\_\_\_ **Zip:** \_\_\_\_\_ **Relationship to Student:** \_\_\_\_\_  
**Preferred Phone:** (\_\_\_\_) \_\_\_\_-\_\_\_\_ **Alternate Phone:** (\_\_\_\_) \_\_\_\_-\_\_\_\_  
**Email:** \_\_\_\_\_

### UNDER-18 PARENTAL/GUARDIAN CONSENT & NOTARIZATION

To be completed only by parents or guardians of students under 18 years of age. Because immediate contact with a family member may not always be possible in the event of serious illness or injury, this consent allows Maritime Health Services to provide necessary medical care.

I, \_\_\_\_\_ (Print Full Name of Parent/Guardian), pursuant to the authority vested in me as Parent/Guardian of \_\_\_\_\_ (Print Full Name of Student), do authorize the Medical Staff at SUNY Maritime College, upon consultation with a practicing physician or surgeon, to exercise all rights and duties with reference to consenting to appropriate medical, psychiatric, and surgical treatment, anesthetics, medicines, and hospitalization which they may deem necessary for the emergency care of my:

Son  Daughter  Child

<i>Parent/Guardian Signature</i>	<i>Date</i>

Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

<i>Notary Public Signature (with Seal)</i>	<i>Date</i>

## Health Attestation Form

<b>Student Name:</b> _____	<b>M#:</b> _____
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### MEDICAL PRACTITIONER ATTESTATION

Please check the statement that applies:

- I find the applicant to be in good physical and mental health and able to meet the physical and emotional demands of participating in a full program of college study at SUNY Maritime College.
- I find the applicant has the following medical condition or injury for which continuation of care is required, which may adversely affect his/her ability to meet the physical and emotional demands of a full program of college study at SUNY Maritime College. (Please explain below.)

**Explanation:** \_\_\_\_\_

<b>Medical Practitioner Name (Print)</b> _____	<b>Signature</b> _____
<b>Address</b> _____	<b>Date</b> __/__/____
<b>City / State</b> _____	<b>Phone</b> (____) ____-____
<i>Place Medical Practitioner / Office Stamp Here</i>	

### STUDENT ATTESTATION

My signature below attests that all information provided by me on the SUNY Maritime College Health Forms is complete and true to the best of my knowledge, and that I have not knowingly omitted any material information relevant to this form.

<i>Student Signature</i>	<i>Date</i>

## Immunization Records

<b>Student Name:</b> _____	<b>M#:</b> _____
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Please submit a copy of your complete immunization records. Verify that all mandatory vaccines listed below are documented. COVID-19 vaccination is optional but recommended.

### IMMUNIZATION RECORD

#### MMR (Measles, Mumps, Rubella) – if given as combined vaccine:

<b>MMR</b>	Dose 1: __/__/____	Dose 2: __/__/____
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Alternatively, attach:  Positive titer lab report    Physician documentation of disease    Born before January 1, 1957

#### Individual Vaccines (if MMR not given):

<b>Measles (Rubeola)</b>	Dose 1: __/__/____	Dose 2: __/__/____
<b>Mumps</b>	Dose 1: __/__/____	
<b>Rubella</b>	Dose 1: __/__/____	

#### Additional Required Vaccines:

<b>Hepatitis A (2 doses req.)</b>	Dose 1: __/__/____	Dose 2: __/__/____	
<b>Hepatitis B (3 doses req.)</b>	Dose 1: __/__/____	Dose 2: __/__/____	Dose 3: __/__/____
<b>Polio (3 doses min.)</b>	Dose 1: __/__/____	Dose 2: __/__/____	Dose 3: __/__/____
<b>Tetanus-Diphtheria (3 doses; must be within 10 yrs)</b>	Dose 1: __/__/____	Dose 2: __/__/____	Dose 3: __/__/____
<b>Varicella / Chicken Pox (2 doses or attach disease doc.)</b>	Dose 1: __/__/____	Dose 2: __/__/____	

#### Tuberculosis (PPD/Mantoux – must be within 6 months of enrollment):

<b>TB Test (PPD/Mantoux)</b>	Date Administered: __/__/____	Date Interpreted: __/__/____	Results: _____
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#### COVID-19 (Optional – Recommended):

<b>Vaccine Name:</b> _____	1st Dose: __/__/____	2nd Dose: __/__/____	Booster: __/__/____
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## Meningitis Information Response Form

<b>Student Name:</b> _____	<b>M#:</b> _____
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New York State Public Health Law requires that all college and university students enrolled for at least six (6) semester hours per semester complete this section. No institution may permit a student to attend more than 30 days without complying (extendable to 60 days with documented good-faith effort).

### RESPONSE – CHECK ONE

I have received the meningococcal meningitis immunization within the past 10 years.

**Date Received:** \_\_\_\_\_

I have read, or have had explained to me, information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine and have decided that I (or my child) will NOT obtain immunization at this time.

I will have my family physician provide the vaccine prior to enrollment.

<i>Student Signature</i>	<i>Date</i>

<i>Parent/Guardian Signature (if student is under 18)</i>	<i>Date</i>

<i>Physician Signature / Stamp</i>	<i>Date</i>

## U.S. Coast Guard License Program – Medical Policy Agreement

Required for All Incoming Regimental / License Program Cadets

<b>Student Name:</b> _____	<b>M#:</b> _____
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SUNY Maritime College is committed to ensuring that students enrolled in the license program meet U.S. Coast Guard medical and physical ability requirements. The USCG evaluates each applicant individually; final licensure determinations rest with the USCG, not SUNY Maritime College.

### POLICY REQUIREMENTS

All cadets enrolled in the license program must agree to adhere to the following:

- Submit the CG-719K application for medical certificate to the Director of Licensing within the first 9 months of enrollment.
- Continue to meet the USCG medical and physical ability requirements throughout enrollment.
- Inform Maritime Health Services of any change in health status, including new diagnoses, medication changes, surgery, or hospitalization. Failure to provide current, accurate information may jeopardize continued enrollment in the license program.
- Understand that cadets with disqualifying conditions may be transferred to a non-license program until requirements are met.

Questions? Contact Student Health Services:

**Email:** healthservice@sunymaritime.edu / **Phone:** (718) 409-7347

### CADET AGREEMENT & SIGNATURES

**Student Name (Print):** \_\_\_\_\_ **Maritime ID#:** \_\_\_\_\_

_____	_____
<i>Student Signature</i>	<i>Date</i>

**Parent/Guardian Name (Print):** \_\_\_\_\_

_____	_____
<i>Parent/Guardian Signature</i>	<i>Date</i>

## Informed Consent for Physical Activity – INDOC

Required for All Incoming Regimental / License Program Cadets

<b>Student Name:</b> _____	<b>M#:</b> _____
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### DESCRIPTION OF THE INDOC PROGRAM

INDOCTRINATION (INDOC) is a structured physical conditioning program designed to build:

- Cardiorespiratory fitness (heart and lung capacity)
- Musculoskeletal endurance, strength, and flexibility
- Body composition (reduction of excess body fat; increase of lean muscle mass)

Physical activities may include aerobic exercise (walking, running, rowing, swimming), calisthenics, and flexibility/endurance training.

### DESCRIPTION OF POTENTIAL RISKS

I understand that a potential for injury exists with each physical activity performed in the INDOC program. I further understand that I will begin INDOC before my personal medical practitioner has formally cleared me to do so.

I understand that SUNY Maritime College, its staff, and faculty shall not be liable for any damages arising from personal injuries sustained during the INDOC program.

### CADET ACKNOWLEDGMENT & RELEASE

By signing below, I:

- Fully and forever release and discharge SUNY Maritime College and its staff and faculty from all claims, demands, and damages arising from participation in INDOC.
- Warrant that I am in good physical condition and have no disabilities, impairments, or ailments preventing me from engaging in the described activities.
- Confirm that I have had a recent physical exam and will submit documentation to Health Services.

<i>Cadet Signature</i>	<i>Date</i>

<i>Parent or Legal Guardian Signature</i>	<i>Date</i>

## Medical Clearance for Participation in INDOC

Required for All Incoming Regimental / License Program Cadets 2025-2026

<b>Student Name:</b> _____	<b>M#:</b> _____
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**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

The above-named student is cleared to fully participate in the physical demands of INDOC at SUNY Maritime College without restrictions or concerns for their safety and well-being.

### ACTIVITIES CLEARED FOR

By signing below, the medical care provider confirms the student is cleared for all of the following:

- Running and sprinting
- Long periods of marching in formation
- Physical training, including push-ups, sit-ups, and pull-ups
- Overhead arm activities: throwing, catching, and climbing
- Swimming, treading water, flipping a life raft, and donning a water survival suit
- Sports: water polo, ultimate frisbee, softball, dodgeball, basketball
- Pulling heavy objects
- Participation in physical activities in hot and humid conditions

**NOTE: Medical clearance for orientation does not guarantee eligibility for license program requirements. License program eligibility is evaluated separately by the U.S. Coast Guard.**

_____	_____
<i>Medical Care Provider Signature</i>	<i>Date</i>

Office Stamp:

_____	_____
<i>Student Signature</i>	<i>Date</i>

## History & Physical Examination

Required for All Incoming Regimental / License Program Cadets

<b>Student Name:</b> _____	<b>DOB:</b> __/__/____	<b>ID#:</b> _____
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### MEDICATIONS & ALLERGIES

Current Medications	Allergies

### CARDIAC SCREENING & EXAMINATION

Question	YES	NO
Is there a history of heart disease, including heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>
Has the patient ever had an abnormal EKG or echocardiogram?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a history of lightheadedness, fainting, or chest pain during exertion?	<input type="checkbox"/>	<input type="checkbox"/>
Does the patient report palpitations or irregular heart rhythm?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a family history of sudden cardiac death or cardiac event before age 45?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a history of moderate-to-severe COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
If history of moderate-to-severe COVID-19, has post-cardiac clearance been obtained?	<input type="checkbox"/>	<input type="checkbox"/>

<b>Heart Rate:</b> _____	<b>Rhythm:</b> <input type="checkbox"/> Regular <input type="checkbox"/> Irregular	<b>Murmur Description:</b> _____
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### MEDICAL HISTORY & PHYSICAL EXAMINATION NOTES

Describe any significant health history including mental health. Note any physical exam abnormalities and list any restrictions and/or limitations.

**NOTE: No accommodations can be made for the physically demanding INDOC program.**

Signature of MD, DO, PA, or NP	Date of Examination

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## U.S.C.G. 719K Form Guidance

Required for All Incoming Regimental / License Program Cadets

All incoming Regimental / License Program Cadets must submit a completed U.S.C.G. 719K – Application for Medical Certificate documentation for review by Health Services.

Form Link:

[https://www.dco.uscg.mil/Portals/9/NMC/pdfs/forms/CG\\_719K\\_MAR2025\\_with\\_REQUIREMENTS.pdf?ver=9HYNLZKiVGsY3TLDpcqhg%3D%3D&timestamp=1742927508973](https://www.dco.uscg.mil/Portals/9/NMC/pdfs/forms/CG_719K_MAR2025_with_REQUIREMENTS.pdf?ver=9HYNLZKiVGsY3TLDpcqhg%3D%3D&timestamp=1742927508973)

The U.S.C.G. 719K – Application for Medical Certificate - must be completed by a MD/DO/PA/NP.

Once this is completed, you are to upload to the Student Health Portal referenced on page 1 of this packet.

### Frequently Asked Questions?

1. Does it matter what version I complete? Yes, you must ensure you are submitting the form with Exp. Date 02/21/2028.
2. Do International Students or have to complete this form? No, but you are required to complete the SUNY Maritime Health forms as noted on the checklist.
3. Is color blindness a disqualifier to receive a U.S.C.G. Medical Certificate? Not necessarily. There are variety of options for color vision testing that can be administered. If this is a concern or issue, please reach out to [healthservice@sunymaritime.edu](mailto:healthservice@sunymaritime.edu) for additional information.
4. I still have questions about the form and submission process. Who should I reach out to? Please email [healthservice@sunymaritime.edu](mailto:healthservice@sunymaritime.edu) for assistance.