CAL MARITIME

Student Health & Wellness Center

Cal Maritime has health requirements for all degree programs because every student participates in at least one training cruise. Also, degree programs for which maritime licensing are a graduation requirement have additional physical and psychological requirements as determined by the U.S. Coast Guard.

In this section you will find the necessary forms to complete your health report. Your health report determines your eligibility for certain majors and cruise participation and therefore should be completed and returned as soon as possible, but no later than **MAY 2, 2011 or within three weeks after the date you receive your acceptance letter**. **Be sure all spaces are complete. Every piece of information is needed to determine your eligibility. Incomplete forms, such as signatures on all physicals and forms, will be returned to the student for completion, which will delay the process.** Here is a list of the health report forms that you will need to review and/or complete and return:

NO FAXED COPIES WILL BE ACCEPTED!

- Health Report
- Meningococcal Disease Information Sheet
- Substance Abuse Testing Information Sheet

These forms can be returned to:

Cal Maritime Student Health and Wellness Center
200 Maritime Academy Drive
Vallejo, CA 94590

Any questions with regards to student health can be directed to the Student Health Center at (707) 654-1170, or you may visit our web site at www.csum.edu.

Mandatory Health Insurance Requirement
It is the policy of the California Maritime Academy to require all matriculated students to maintain comparable Cal Maritime student health insurance. Due to the special nature of the education experience at the Academy, which includes a training cruise often involving international travel, students are required to be covered by health insurance.

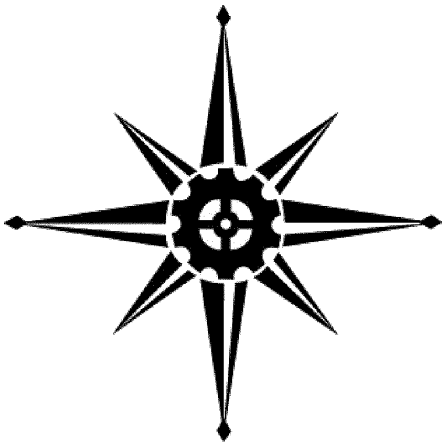
If you are currently NOT INSURED:

- We recommend purchasing the endorsed medical insurance plan at CMA that meets all the requirements (This requires NO ACTION, you will automatically be enrolled)

If you are CURRENTLY INSURED you must:

- Obtain a copy of your summary of medical benefits, insurance card, and primary care physician name, address & phone number within 50 miles of campus.
- Then, complete the online insurance waiver at www.csum.edu/healthinsurance.

It is the responsibility of the student to inform CMA when coverage changes.



CAL MARITIME

Health Report

Name _____
FIRST MIDDLE LAST
(Please Print)

This Health Report is the foundation of each student's medical record at Cal Maritime. Its content does not guarantee and will not be used as a final determination for meeting licensing physical requirements as set by the United States Coast Guard.

This medical information is accessible only to the professional staff of the Health Center and will not be released without written authorization of the student or a lawfully issued subpoena.

I certify that all information provided by me is complete and true to the best of my knowledge.

*Signature of Applicant:*_____ *Date:*_____

(Please submit originals only – no faxed copies)

"A CAMPUS OF THE CALIFORNIA STATE UNIVERSITY"

Address
200 Maritime Academy Drive
Vallejo, CA
94590-8181

Phone
707-654-1170

World Wide Web
www.csum.edu/health

Student's Name: _____ Date of Exam: _____

Home Address: _____ Social Security #: _____

_____ Date of Birth: _____

Phone Number: _____

Place of Birth: _____

Allergic To:

HEALTH HISTORY (TO BE COMPLETED BY A PHYSICIAN)

Check those of the following diseases or conditions that student has had:

Yes	No	
❑	❑	Deteriorating Eye Disease
❑	❑	Speech Impediment
❑	❑	Severe Speech Impediment
❑	❑	Loss of Memory
❑	❑	Periods of Unconsciousness
❑	❑	Sleep Walking
❑	❑	Impaired Balance or Coordination
❑	❑	Blood Disease
❑	❑	Heart or Vascular Disease
❑	❑	High Blood Pressure
❑	❑	Heart Surgery
❑	❑	Orthopedic Problems
❑	❑	Impaired Range of Motion
❑	❑	Digestive Disorders
❑	❑	Kidney Disease
❑	❑	Recent or Repetitive Surgery
❑	❑	Depression
❑	❑	Attempted Suicide
❑	❑	Epilepsy, Seizure or Paralysis

Yes	No	
❑	❑	Psychiatric Disorder
❑	❑	Mononucleosis
❑	❑	Malignancy
❑	❑	Asthma or Lung Disease
❑	❑	Learning Disorder
Endocrine or Metabolic Disorder		
❑	❑	Thyroid Dysfunction
❑	❑	Diabetes
❑	❑	Other_____
Communicable Diseases		
❑	❑	Tuberculosis or TB Contact
❑	❑	Chicken Pox
❑	❑	Measles
❑	❑	Mumps
❑	❑	Other_____

Current Medications:

THE ACADEMY REQUIRES THE FOLLOWING IMMUNIZATIONS

				RECORD INDIVIDUAL DATES OF EACH DOSE				
				1st Dose	2nd Dose	3rd Dose	4th Dose	5th Dose
*	Three or more doses required. Most recent dose must be within 10 years prior to entry.	*	Diptheria & Tetanus Toxoid					
**	Minimum of 3 doses for all students 18 and under. For those 19 and over, record previous doses but no additional doses should be given.	**	Polio Vaccine (Live oral Sabin)					
***	One dose LIVE Vaccine given after first birthday. Serologic proof of immunity is acceptable in lieu of vaccine.	***	Rubella	M/D/Y				
		***	Mumps	M/D/Y				
****	Two doses LIVE vaccine: #1 after first birthday, #2 at least 90 days after the first dose. Serologic proof of immunity is acceptable in lieu of vaccine.	****	Measles	M/D/Y	M/D/Y			

CURRENT DIP / TET:

TUBERCULIN SKIN TEST (within six months)

Date Administered: _____ **Date Interpreted:**_____ **Result:**_____

_____ _____ _____

_____ _____ _____

HEPATITIS B SERIES

1st Dose: _____

2nd Dose: _____

3rd Dose: _____

RECOMMENDED IMMUNIZATIONS

Hepatitis A _____ _____

Menomune _____

Varicella Vaccine _____

Name of Applicant: _____ **Student ID#:** _____

PHYSICAL EXAMINATION

Sex: _____ Age: _____ Height: _____ Weight: _____

Blood Pressure: _____ Pulse: _____ Color Eyes: _____ Color Hair: _____

AUDIOMETRY (CMA Requirement)					
HEARING:	500 HZ	1000 HZ	2000 HZ	3000 HZ	4000 HZ
Right					
Left					

Distinguishing Marks (tattoos, electronic devices, body piercings):

_____

Hearing Aid Used? ❑ Yes ❑ No

VISUAL ACUITY

**Both uncorrected and corrected vision must be measured.*

UNCORRECTED VISION:

Right Eye _____

Left Eye _____

CORRECTED VISION:

Right Eye _____

Left Eye _____

Do you wear: Glasses ❑ Contact Lenses ❑

FIELD OF VISION:

_____ Degrees _____ Normal _____ Abnormal

COLOR VISION:

** Name of the color vision test is required. Please check the test used to determine color sense from the acceptable list below:*

- ❑ Pseudoisochromatic Plates (Dvonine, 2nd, Ed.; AOC; revised edition or AOC/HHR; Ishihara 16, 24 or 38 plate)
- ❑ Eldridge-Green Color Perception Lantern
- ❑ Farnsworth Lantern (Falant)
- ❑ Keystone Orthoscope or Telebinocular
- ❑ SAMCTT
- ❑ Titmus Optical Vision Tester
- ❑ Williams Lantern

Does this individual have defective color vision?

❑ Yes ❑ No

If yes, please explain extent of deficiency: _____

_____

REVIEW OF SYSTEMS

Check each item in proper column. Enter N.E. if not evaluated.	Normal	Abnormal	Note: Give details of each abnormality with corresponding item #.
1. Head, Neck, Face and Scalp			
2. Nose and Sinuses			
3. Mouth and Throat			
4. Teeth and Gingiva			
5. Ears *(perf. of drum, etc.)*			
6. Eyes *(lids, conjunctiva, etc.)*			
7. Pupils and Ocular Motion			
8. Lungs and Chest			
9. Heart *(include est. of cardiac function)*			
10. Vascular system *(varicosities, etc.)*			
11. Abdomen and Viscera *(include hernia)*			
12. Ano-rectal *(pilonidal)*			
13. Endocrine system			
14. G-U System			
15. Upper Extremities *(strength, range of motion)*			
16. Feet			
17. Lower Extremities *(as for upper)*			
18. Spine *(other Musculo-skeletal)*			
19. Skin and Lymphatics			
20. Neurologic			
21. Psychiatric *(specify any personality deviations noted)*			
22. Lab Tests *(at discretion of examining physician)*			

Does this individual have the agility, strength and flexibility to:

→ Participate in all physical activity?	❑ Yes	❑ No
→ Climb steep or vertical ladders	❑ Yes	❑ No
→ Maintain balance on a moving deck	❑ Yes	❑ No
→ Pull heavy fire hoses up to 400' & have the ability to lift fully charged fire hoses?	❑ Yes	❑ No
→ Rapidly don an exposure suit?	❑ Yes	❑ No
→ Step over door sills of 24" in height?	❑ Yes	❑ No
→ Open or close water tight doors that may weigh up to 56 pounds?	❑ Yes	❑ No
→ Wear a respirator?	❑ Yes	❑ No

Limitations: _____

After considering the history and physical examination, what is your professional opinion of this applicant's ability to meet the physical and emotional demands of seagoing life?

_____

_____

Do you recommend further investigation or treatment? _____

_____

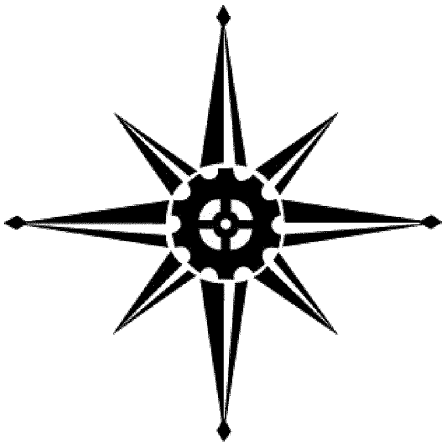
Name of Examining Physician: _____ Date: _____

PLEASE PRINT

Signature: _____ Telephone: _____

Address: _____

STREET CITY STATE ZIP CODE



CAL MARITIME

Abridgment of Substance Abuse Policy

It is the policy of Cal Maritime to be in compliance with the Federal Drug-Free Schools and Committee Act Amendments of 1989, the Omnibus Transportation Employee Testing Act of 1991, and the United States Coast Guard regulations regarding mandatory drug and alcohol testing per 46 CFR, Parts 4, 5, and 16 and 49 CFR, Part 40.

The purpose of this policy is to:

1. Promote education.
2. Minimize the use of intoxicants by merchant marine personnel.
3. Promote a drug-free and safe work environment.
4. Prescribe minimum standards, procedures, and means to be used to test for the use of dangerous drugs.

The Federal Drug-Free Schools and Committee Act Amendments of 1989 (20 U.S.C.; 1145g) and Cal Maritime prohibit the unlawful possession, use, sale, or distribution of alcohol and illegal drugs by students, faculty, and staff on its property, training vessels, or as part of any Academy-sponsored activities. This prohibition extends to any off-campus activities that are sponsored by CMA or any of its recognized clubs and organizations. Under the auspices of the U.S. Department of Transportation (DOT), the U.S. Coast Guard has issued regulations establishing mandatory drug and alcohol testing and drug abuse education programs (46 CFR, Parts 4, 5, and 16). These regulations are applicable to the marine transportation industry and all operators of marine vessels, crewmembers, pilots, licensed officers, holders of merchant mariner's documents, or watch standers (who are not regular crewmembers) of non-recreational vessels, and cadets (students) in training for a U.S. Coast Guard merchant mariner's license.

"Random drug testing" means that every individual has a substantially equal chance of selection on a statistically valid basis and will be tested for drugs only. The selection process is conducted by an off-campus Third Party Administrator. Approximately one-half (50 percent) of the individuals in the random program will be tested annually on the basis of random selection.

Cal Maritime as prescribed by 49 CFR Part 40 and amendments thereto, will **randomly drug test all cadets and specific TSGB employees as directed by COTS.** Drug testing begins the first week of all fall semester and continues through the end of cruise. The following drugs are routinely tested by analyzing a urine specimen: **Marijuana, Cocaine, Opiates, Amphetamines, and Phencyclidine (PCP).** In addition, CMA reserves the option of testing for other dangerous drugs, alcohol, and the presence of adulterants.

Drug Testing may also be conducted for the following reasons:

1. Pre-employment, Pre-cruise, or USCG licensing exams (drugs only).
   A marine employer must conduct a drug test prior to employing or giving a commitment of employment to any crewmember. The prospective employee must actually pass the test before being employed.
2. Periodic Testing (drugs only).
   Whenever a person is required to have a physical examination under the Coast Guard regulations, a drug test may be required.
3. Reasonable Cause (drugs and alcohol).
   CMA is required to drug/alcohol test an individual involved in vessel operations who is reasonably suspected of using a dangerous drug/alcohol. The following elements are grounds for "reasonable cause."
   a. Direct observation of drug use or physical evidence of such use.
   b. Physical, behavioral, or performance indicators of use or intoxication. This may include slurred and incoherent speech, lack of coordination and balance, nodding or dozing off on watch, frequent absences from assigned duties or class, mood or attitudinal changes, general appearances, evidence of drug paraphernalia, and smoke or body odors.
   c. Suspicion of an adulterated or substituted urine specimen rejected by the lab for testing.
4. Follow-Up Testing (drugs only).
   The COTS and/or the CMA Medical Review Officer (MRO) may direct a cadet/employee to take a drug test when a previous test was failed or refused.
5. Marine Casualty, Accident, or Serious Incident (alcohol test within 2 hours of incident & drug test within 32 hour of incident).
   U.S. Coast Guard requires the chemical testing of any individual directly involved in a serious marine incident, or marine casualty or accident.

Any employee/cadet failing a drug/alcohol test in accordance with this policy will be presumed to be a user of dangerous drugs/alcohol. Thereafter, the following actions will be carried out immediately by the appropriate administrator i.e. COTS or designee, and/or Director, Human Resources.

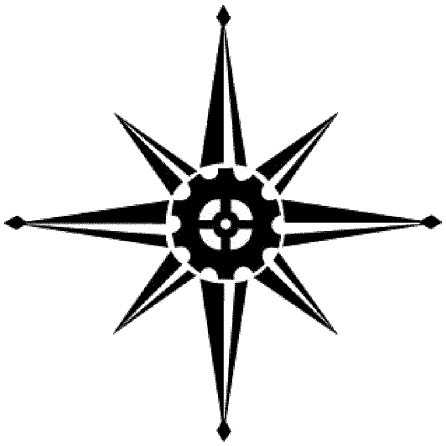
1. The employee/cadet shall be offered campus support services, including education and training, counseling, and referral to off-campus agencies appropriate to the nature of the drug abuse problem.
2. The employee/cadet may be removed from all duties which affect the safe operation and security of the Training Ship and campus, including but not limited to, watch standing, operation of equipment or handling of dangerous chemicals, and assumption of command responsibilities.
3. Cadets will be referred to the Discipline Review and Investigation Committee for disciplinary action as prescribed by the REGULATIONS GOVERNING THE CORPS OF CADETS.
4. Employees will be referred to the Director, Human Resources and/or COTS or designee.

I certify that I have read and understand the above summary of the Substance Abuse Policy at Cal Maritime and recognize that I will be a participant in the Random Drug Testing Program while enrolled/employeed at the Academy, involved in ship operations and/or participating as a crewmember during cruise.

_____	_____	_____
Name of Student/Employee (printed)	Signature of Student/Employee	Date

White Copy – Student Health File

Pink Copy –Cadet/Employee



CAL MARITIME

Student ID#: _____

AB 1452 Information about Meningococcal Disease and Immunization

What is meningitis?
Meningitis is an infection of the fluid of a person's spinal cord and the fluid that surrounds the brain. Meningitis is usually caused by a viral or bacterial infection. Knowing whether meningitis is caused by a virus or bacterium is important because the severity of illness and the treatment differ. Viral meningitis is generally less severe and resolves without specific treatment, while bacterial meningitis can be quite severe and may result in brain damage, hearing loss, learning disability or death. For bacterial meningitis, it is also important to know which type of bacteria is causing the meningitis because antibiotics can prevent some types from spreading and infecting other people. Today, Streptococcus pneumoniae and Neisseria meningitis are the leading causes of bacterial meningitis.

What of the signs and symptoms of meningitis?
High fever, headache, and stiff neck are common symptoms of meningitis. These symptoms can develop over several hours, or they may take 1 to 2 days. Other symptoms may include nausea, vomiting, discomfort looking into bright lights, rash, flu like symptoms, confusion, and sleepiness. As the disease progresses, patients of any age may have seizures.

How is meningitis diagnosed?
Early diagnosis and treatment are very important. If symptoms occur, the patient should see a doctor immediately. The diagnosis is usually made by growing bacteria from a sample of spinal fluid. The spinal fluid is obtained by performing a spinal tap, in which a needle is inserted into an area in the lower back, where fluid in the spinal canal is readily accessible. Identification of the type of bacteria responsible is important for selection of correct antibiotics.

Can meningitis be treated?
Bacterial meningitis can be treated with a number of effective antibiotics. It is important, however, that treatment be started early in the course of the disease. Appropriate antibiotic treatment of most common types of bacterial meningitis should reduce the risk of dying from meningitis to below 15%, although the risk is higher among the elderly.

Is meningitis contagious?
Yes, some forms of bacterial meningitis are contagious. The bacteria are spread through the exchange of respiratory and throat secretions (i.e., coughing, kissing, using someone's glass). Fortunately, none of the bacteria that cause meningitis are as contagious as things like the common cold or the flu, and they are not spread by casual contact or by simply breathing the air where a person with meningitis has been. However, sometimes the bacteria that cause meningitis have spread to other people who have had close or prolonged contact with a patient with meningitis caused by Neisseria meningitis. People in the same household or anyone with direct contact secretions (such as a boyfriend or girlfriend) would be considered at increased risk of acquiring the infection. People who qualify as close contacts of a person with meningitis caused by Neisseria meningitis should receive antibiotics to prevent them from getting the disease.

Who Is at Risk for Meningitis?
Meningitis can strike at any age; however, certain groups have a greater risk for contracting the disease:

- College students, particularly freshmen, who live in campus residence halls.
- Anyone in close contact with a known case.
- Anyone with an upper respiratory infection with a compromised immune system.
- Anyone traveling to areas of the world where meningitis is endemic (prevalent in the region).

Is There a Vaccine to Help Prevent Meningitis?

- A safe, effective vaccine is available.
- The vaccine is 85% to 100% effective in preventing four kinds of bacterial infections (serogroups A,C, Y, W-135) that cause about 70% of disease in the U.S.
- The vaccine is safe, with mild side effects, such as redness and pain at the injection site lasting up to 2 days.
- After vaccination, immunity develops within 7 to 10 days and remains effective for a minimum of 3 to 5 years. As with any vaccine, vaccination against meningitis may not protect 100% of all susceptible individuals.

Is Vaccination Recommended for College Students?

- Certain college students, particularly freshmen who live or plan to live in residence halls, have a 6-fold increased risk of disease.
- The American College Health Association has adopted the recommendation of the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), which states that college students, particularly freshmen, living in residence halls, be vaccinated against meningococcal meningitis.
- Other undergraduate students wishing to reduce their risk of meningitis can also choose to be vaccinated.

In accordance with Assembly Bill 1452, Chapter 1.7, Section 120395 please acknowledge receipt of this information by completing the box below and returning with your Cal Maritime Health Admission Forms.

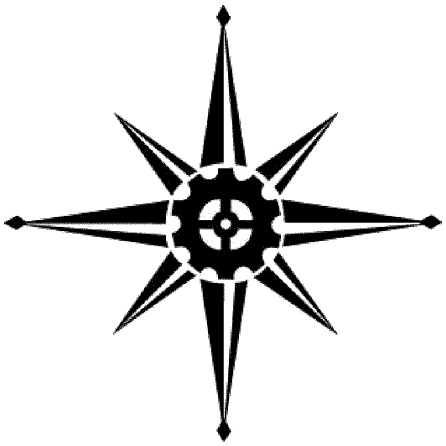
The Neisseria meningitis vaccine is available at the Cal Maritime Student Health Center for a fee of $110.00

I have already received this vaccination

- ❑ **Yes**
- ❑ **No**

I would like to receive this vaccine

- ❑ **Yes (if yes, where do you plan on receiving this vaccine? _____)**
- ❑ **No**

_____	_____	_____
Name of Applicant (Printed)	**Signature of Applicant**	**Date**

If you have any questions, contact Cal Maritime Student Health Center at (707) 654-1170