

### **Student Health Services**

The California Maritime Academy has health requirements for all degree programs because every student participates in an international experience which may include at least one training cruise. In addition, degree programs for which maritime licensing is 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 health forms (3) to complete and return to Student Health Services by May 1, 2012:

- Health Report (4 pages total including Athletic Pre-Participation Physical Evaluation)
  - Student to complete pages 1 and 4
  - o Physician to complete pages 2 and 3 (complete and sign page 4 for Athletic participation)
- o Information About Meningococcal Disease and Immunization
- Abridgement of Drug Testing Policy

Your Health Report may affect your eligibility for certain majors as well as enrollment in the University. Therefore, it should be completed and returned as soon as possible, but no later than May 1, 2012 or within two weeks after the date you receive your acceptance letter. Those who wish a priority medical review prior to May 1 may receive one if the medical forms are submitted by April 1, 2012, and no additional medical tests or documents are required. Receipt of the Health Report by April 1, 2012 will ensure a full refund of your deposit in the event you are found ineligible for enrollment or for certain majors due to health reasons. On occasion, additional medical documentation will be requested based on information contained in your Health Report. Please send this information to the Student Health Services as soon as possible. Delays in submitting requested information or incomplete forms will hold up your registration process with the University.

If you think you may want to **participate in athletics** while at CMA, please complete page 4 of the Health Report and have your physician fill out the sports clearance box on page 3.

Please mail all health information to the address below:

CMA Student Health Services 200 Maritime Academy Drive Vallejo, CA 94590

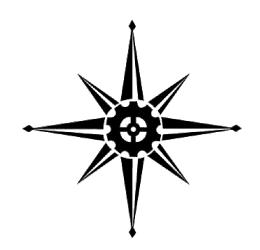
Any questions with regards to the Health Report may be directed to Student Health Services at (707) 654-1170 or you may visit our web site at <a href="https://www.csum.edu/health">www.csum.edu/health</a>.

### **Mandatory Health Insurance Requirement**

Due to the special nature of the educational experience at the Academy, which includes a training cruise and/or international travel, students are required to be covered by health insurance which includes worldwide coverage and travel assistance services. Please visit the Student Health Services website for more information about these specific requirements and how to request a waiver.

You will automatically be enrolled in, and charged for, CMA's Health Insurance and Travel Assistance programs. If you have personal insurance that fulfills the school's requirements, you may be eligible for a waiver. You must complete the online waiver request by the **July 2**, **2012 deadline** to be considered.

It is the student's responsibility to inform CMA when his/her health coverage changes.





# **Health Report**

	_	Major: _	·····	
STUDENT INFORMATION				
Name				
Last	First	Middle		
Address Street	City	State	Zip	
Birth date / //	Age	□ Female □ Male	,	
E-mail	Cel	I Ph # ()		
EMERGENCY CONTACT INFORMA	ATION			
Name				
Last	First	Middle		
Relationship Work ()				
E-mail		/ ell Ph # ()		
		, ,		
CONSENT FOR TREATMENT				
To procure care that may be necessary for cyou sign the consent for treatment stateme illness or injury, this is not always possible appropriate care.  I,  under 18), do authorize the Medical Staff a exercise for me and on my behalf, all righ surgical treatment, anesthetics, medicines physician or radiologist which they may deer	nt. While every reasonable effectivities within a short period of time  (Print Full Name to California Maritime Academy ts and duties with reference to and hospitalization, including	fort is made to contact families to therefore, the consent form the of Student/Print Full name, to upon appropriate medical or to consenting to appropriate medical or care and treatment, by any	is in the event of serious is necessary to provide the of Parent if child is surgical consultation, to nedical, psychiatric, and hospital, staff surgeon,	
Student's Signature		Date	/	
Parent's Signature (if applicable)		Date		
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 U.S. Coast Guard. Please provide all follow-up information requested as soon as possible to avoid any delay in your registration				
This medical information is accessible of and will not be released without written by law.				
My signature below attests that all infor and that I have not knowingly omitted to inform the CMA Student Health Service not limited to, new diagnoses, changieopardize my enrollment at CMA or quantitative.	report any material informa s of any change of status to e of medication, recent su	ation relevant to this form. I form to my health condition once ourgery or hospitalization. F	further attest that I will enrolled, including but	

"A CAMPUS OF THE CALIFORNIA STATE UNIVERSITY"

Address CMA Student Health Services 200 Maritime Academy Drive Vallejo, CA 94590-8181

Student's Signature: \_

**Phone** 707-654-1170

Fax 707-654-1171 World Wide Web www.csum.edu/health

Stude	ent's Naı	me:		_ DOB:		Student ID#:
Current Medications: Medication		Medication	Allergies:			
HEA	HEALTH HISTORY (TO BE COMPLETED BY A PHYSICIAN)					
		of the following diseas	•	student has	nad:	
Yes □	No □	Eye Disease/Visual	Impairment	Yes □	No □	Asthma or Lung Disease
		Speech Impediment				Psychiatric Disorder
		Hearing Loss Disord		ā		Attempted Suicide
		Loss of Memory				Depression
		Periods of Unconsc	ousness			Learning Disorder
		Sleep Walking	. O			Autistic Spectrum Disorder (ASD)
		Impaired Balance or Blood Disease	Coordination	☐ Endoa	ing or Mot	Attention Deficit Disorder (ADD) abolic Disorder
		Malignancy				Thyroid Dysfunction
		Heart or Vascular D	isease	ō		Diabetes
		High Blood Pressure		ā		Other
		Heart Surgery		Comm	unicable D	
		Orthopedic Problem				Tuberculosis or TB Contact
		Impaired Range of I				Chicken Pox
		Gastrointestinal Dise Renal Disease	orders			Measles Mumps
		Chronic Headaches				Other Infectious Disease
	ā	Recent or Repetitive		_	_	Carlor Infectious Blocade
		Neurological Disord				
		Epilepsy, Seizure or	Paralysis			
PSY	CHIATR	IC HISTORY (TO BE CO	OMPLETED BY A PHYSIC	CIAN)		
						m Disorder, or any other psychiatric
///		ata wanantina af all ma				Children and
						ure continuity of care. Students are tion for ADD, and report the name and
						ogram reporting a history of treatment
and/d	or medica	ation for the above may	be informed that the	y have a med	lical conditi	on subject to further review by the US
						rior to, and continuously thereafter, US
Coas	t Guard I	icensing and to provide	additional documenta	ation of their o	ondition at i	that time.)
PLE	PLEASE DOCUMENT OR COMPLETE THE FOLLOWING IMMUNIZATIONS PRIOR TO ENROLLMENT					
Нер	atitis A	#1				
Hen	atitis B					
Пер	สแน่ง ม					
		#3		-		
<b> </b>						
1		Skin Test Da	ate given			.lt.
(Witi	hin 6 m	ontns)	ate read		Resu	ults
Men	ingoco	ccal Menomune		(within 5 vrs	)	
	5				,	
MMI	P					
1411411	1.	#1 #2		-		
		π∠ Or Titer T	est	-		
_						
Teta	anus/T	dap	(withir	n 5 yrs)		

Student's Name:		DOB:	Student ID	#:		
PHYSICAL EXAMINATION (TO BE COM	PLETED	BY A PHYSICIAN)				
Blood Pressure: Pulse:		Height:	Weight:			BMI:
HEARING:			]			
□ Normal □ Abnormal* (attach Audiogram	m)					
*If abnormal, perform audiogram.						
VISUAL ACUITY			PHYSICAL			
*Both uncorrected and corrected vision must be measur	ed	Check each item in p	roper column		nal	Note: Give details of
		Enter N.E. if not eval		Normal	Abnormal	each abnormality with
UNCORRECTED VISION: CORRECTED VISION: Right Eye		MEDICAL				corresponding item #.
Left Eye Left Eye			ication of Marfan syndrome			
Do you wear: Glasses ☐ Contact Lenses ☐			at - Pupils equal and Hearing		1	
20 ,000	_	Lymph nodes	at Tupilo oqual and Houring		+	
FIELD OF VISION*:		Heart - Murmurs and	location of PMI		+	
Degrees Normal Al	bnormal		us femoral and radial pulses		1	
*Applicant must have 100° horizontal field of vision		Lungs			1	
• •		Abdomen				
COLOR VISION:		Genitourinary (males	only)			
* Only one of the following USCG approved tests required. Please indicate which test was used.	is		uggestive MRSA, tinea corporis		1	
☐ Pseudoisochromatic Plates (Dvonine, 2 <sup>nd</sup> , Ed		Neurologic	- 3,			
revised edition or AOC/HHR; Ishihara 16, 24 plate)	1 or 38	MUSCULOSKELE	TAL			
☐ Eldridge-Green Color Perception Lantern		Neck				
☐ Farnsworth Lantern (Falant) ☐ Farnsworth D15		Back				
☐ Keystone Orthoscope or Telebinocular		Shoulder/Arm				
□ SAMCTT		Elbow/forearm				
<ul><li>Titmus Optical Vision Tester</li><li>Williams Lantern</li></ul>		Wrist/hand/fingers				
		Hip/thigh			+	
Does this individual have defective color vision?		Knee			-	
☐ Yes ☐ No						
		Leg/ankle			╆	
If yes, please explain extent of deficiency:		Foot/toes			+-	
		Functional -Duck-wal	K, Single leg nop		<u>_</u>	1
On anta Olasa		Classed for all a	sports without restriction			
Sports Clea	rance ¬	☐ Cleared for all s	sports with restriction			
Does this individual have the agility, strength and fle	xibility to	<ul><li>□ Not cleared- Ch</li><li>: □ For any sport</li></ul>	neck one: rts 🛭 For certain sports			
→ Participate in all physical activity? □ Yes	□ No					1
<ul> <li>→ Climb steep or vertical ladders</li> <li>→ Maintain balance on a moving deck</li> <li>□ Yes</li> </ul>	□ No □ No		the history and physical examination			
→ Pull heavy fire hoses up to 400' & ☐ Yes	□ No	this patient's abilit	ty to meet the physical and emotiona	I demands of	sea	going life?
have the ability to lift fully charged fire hoses?						
→ Rapidly don an exposure suit? ☐ Yes	□ No					
<ul> <li>→ Step over door sills of 24" in height?</li> <li>→ Open or close water tight doors that</li> <li>□ Yes</li> </ul>	□ No □ No	Do you recommen	nd further investigation or treatment?			
may weigh up to 56 pounds?	□ No					
→ Wear a respirator? ☐ Yes	<u> </u>					
Limitations:						
Name of Examining Physician:			Lice	ense #:		
Signature:	PLEA	SE PRINTDate:	Telephone #:			
-						
Address:street		CITY	STATE		ZIP C	CODE

# 

Explain "Yes" answers below, Circle questions you don't know the answers to. **GENERAL QUESTIONS** No MEDICAL QUESTIONS Yes Yes No 1. Has a doctor ever denied or restricted participation in sports for any 26. Do you cough, wheeze, or have difficulty breathing during or after reason? Do you have any ongoing medical conditions? If so, please identify 27. Have you ever used an inhaler or taken asthma medicine? below: ☐ Asthma ☐ Anemia ☐ Diabetes ☐ Infections 3. Have you ever spent the night in the hospital? 28. Is there anyone in your family who has asthma? 4. Have you ever had surgery? 29. Were you born without or are missing a kidney, an eye, a testicle (males), your spleen, or any other organ? **HEART HEALTH QUESTIONS ABOUT YOU** 30. Do you have groin pain or a painful bulge or hernia in the groin area? 5. Have you ever passed out or nearly passed out DURING or AFTER 31. Have you had infectious mononucleosis (mono) within the last exercise? month? 6. Have you ever had discomfort, pain, tightness, or pressure in your 32. Do you have any rashes, pressure sores, or other skin problems? chest during exercise? 7. Does your heart ever race of skip beats (irregular beats) during 33. Have you had herpes or MRSA skin infection? exercise? 8. Has a doctor ever told you that you have any heart problems? If so, 34. Have you ever had a head injury or concussion? check all that apply: ☐ High blood pressure A heart murmur 35. Have you ever had a hit or blow to the head that caused confusion, ☐ High cholesterol □ A heart infection prolonged headache, or memory problems? Other ☐ Kawasaki disease 9. Has a doctor ever ordered a test for your heart? (For example, 36. Do you have a seizure disorder? ECG/EKG, echocardiogram? 10. Do you get lightheaded or feel more short of breath than expected 37. Do you have headaches with exercise? during exercise? 11. Have you ever had an unexplained seizure? 38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling? 12. Do you get more tired or short of breath more quickly than your 39. Have you ever been unable to move your arms or legs after being friends during exercise? hit or falling? HEART HEALTH QUESTIONS ABOUT YOUR FAMILY YES NO 40. Have you ever become ill while exercising in the heat? 41. Do you get frequent muscle cramps when exercising? 13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death 14. Does anyone in your family have hypertrophic cardiomyopathy, 42. Do you or someone in your family have sickle cell trait or disease? Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT ayndrome, Brugada syndrome or 43. Have you had any problems with your eyes or vision? catecholaminergic polymorphic ventricular tachycardia? 15. Does anyone in your family have a heart problem, pacemaker, or 44. Have you had any eye injuries? implanted defibrillator? 16. Has anyone in your family had unexplained fainting, unexplained 45. Do you wear glasses or contact lenses? seizures, or near drowning? **BONE AND JOINT QUESTIONS** YES NO 46. Do you wear protective eyewear, such as goggles or a face shield? 17. Have you ever had an injury to a bone, muscle, ligament, or tendon 47. Do you worry about your weight? that caused you to miss a practice or a game? 18. Have you ever had any broken or fractured bones or dislocated 48. Are you trying to or has anyone recommended that you gain or lose ioints? 19. Have you ever had an injury that required x-rays, MRI, CT scan, 49. Are you on a special diet or do you avoid certain types of foods? injections, therapy, a brace, a cast, or crutches? 50. Have you ever had an eating disorder? 20. Have you ever had a stress fracture? 21. Have you ever been told that you have or have you had an x-ray for 51. Do you have any concerns that you would like to discuss with a neck instability or atlantoaxial instability? (Down syndrome or FEMALES ONLY 22. Do you regularly use a brace, orthotics, or other assistive device?

23. Do you have a bone, muscle, or joint injury that bothers you?	52. Have you ever had a menstrual period?	
24. Do any of your joints become painful, swollen, feel warm, or look red?	53. How old were you when you had your firs	t menstrual period?
25. Do you have any history of juvenile arthritis or connective tissue disease?	54. How many periods have you had in the la	st 12 months?
Explain "yes" answers here		
I hereby state that, to the best of my knowledge, my ans	swers to the above questions are complete and co	prrect.
I hereby state that, to the best of my knowledge, my ans	swers to the above questions are complete and co	orrect.
I hereby state that, to the best of my knowledge, my ans Signature of athlete	swers to the above questions are complete and co Signature of parent/guardian (if student is under age 18)	orrect Date
	Signature of parent/guardian	



Student ID #:	
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## **Abridgment of Drug Testing Policy**

It is the policy of Cal Maritime to be in compliance with the Federal Drug-Free Schools and Communities Act Amendments of 1989, as well as the U. S. Coast Guard regulation regarding mandatory drug 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. Set forth minimum standards, procedures, and means to be used to test for the use of dangerous drugs.

The Federal Drug-Free Schools and Communities 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 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, including all Cal Maritime cadets (students).

Cal Maritime as directed by 49 CFR Part 40 and amendments thereto, will **randomly drug test all cadets.** Drug testing begins the first month of 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.

"Random drug testing" means that every cadet has a substantially equal chance of selection for drug testing on a statistically valid basis through their enrollment at CMA. The random selection process is accomplished by a non-university third-party administrator. Approximately one-half (50 percent) of the cadets enrolled during a given academic year will be tested on the basis of random selection.

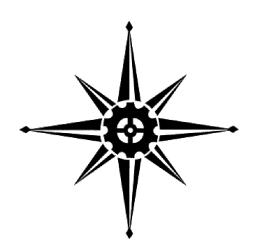
Drug Testing may also be conducted for the following reasons:

- 1. Pre-employment or baseline test.
  - 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.
  - Whenever a person is required to have a physical examination under the U.S. Coast Guard regulations, a drug test may be required.
- 3. Reasonable Cause (Drug and Alcohol).
  - CMA is required to drug test any cadet involved in vessel operations who is reasonably suspected of using a dangerous drug or being under the influence of drugs or alcohol. The following examples 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.
    - Suspicion of an adulterated or substituted urine specimen rejected by the lab for testing.
- 4. Follow-Up Testing.
  - The Substance Abuse Professional may direct a cadet to take a drug test when a previous test was failed or refused and prior to reinstatement of safety sensitive duties.
- Marine Casualty, Accident, or Serious Incident.
  - U.S. Coast Guard requires testing for drugs and alcohol of any individual directly involved in a serious marine incident, marine casualty or accident.

Any cadet failing a drug/alcohol test in accordance with this policy may be presumed to be a user of dangerous drugs/alcohol. Thereafter, the following actions may be carried out immediately by the Student Conduct Administrator:

- 1. The 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.
- 2. The 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.
- 3. The cadet will be referred to a DOT certified Substance Abuse Professional for further evaluation and follow up.
- Cadets will be referred to the Discipline Review and Investigation Committee for disciplinary action as specified by the REGULATIONS GOVERNING THE CORPS OF CADETS.

I certify that I have read and understand the above summary of the Drug Testing Policy at Cal Maritime and recognize that I will be a participant in the Drug Testing Program while enrolled at the Academy.					
Name of Applicant (printed)	Signature of Applicant	Date			





Student ID#:	
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# 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 Services 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 receive No	ving this vaccine?	)		
Name of Applicant (Printed)	Signature of Applicant	Date		
If you have any questions, contact Cal Maritime Student Health Services at (707) 654-1170				

