

New Mexico Military Institute
Medical Packet – Marshall Infirmary

Incoming Cadets and Parents:

1. Please complete the attached **Medical Information, Medical History, and Insurance forms**, and ask your physician (NP, PA, MD or DO) to complete the **Annual Physical Examination** and Immunization forms. Positive answers on the History & Physical forms must be fully explained, both to determine whether you meet physical qualifications for New Mexico Military Institute and to guide the Infirmary staff in providing care should you become ill or injured while a cadet. Please note that a DoDMERB physical will not be accepted as an admission physical for the infirmary, unless all body systems are addressed.
2. **Medical forms must be completed prior to matriculation.** Additional medical or surgical information may be requested based on your history & physical forms. Some conditions will require a note from your doctor clearing you for unrestricted physical activity. When requested, **supplemental medical information** (doctor's summary, clearance to participate in all activities, etc.) must be provided **prior to matriculation.**
3. A candidate shall not exhibit a medical condition which would prohibit the candidate from fully participating in activities of the Corps, Academics, or Physical Fitness exercises. A candidate shall not exhibit a physical limitation which would prohibit the candidate from fully participating in activities of the Corps, Academics or Physical Fitness exercises. It is incumbent on the candidate to assure NMMI there to be no limiting condition; examples are provided herein.
4. **Immunizations are REQUIRED** for students to attend High School in the state of New Mexico. Review the NMMI required immunizations (attached) which are required to commence or complete in order to attend NMMI. If you wish to decline immunizations, you must complete a Certificate of Exemption Form with the NM Department of Health. The form requires a statement of the religious reasons for requesting to have a child exempted from immunization. The law **does not** grant immunization exemptions for philosophical or personal reasons. Once a completed, notarized, original Certificate of Exemption Form is filed with the Department of Health, The Department has up to sixty days to notify the parent/guardian if the request is approved or denied. www.nmhealth.org.
5. If you develop a **significant illness or injury** after submitting your medical forms, please ask your doctor to send a short, interim report describing your current medical status and anticipated status at matriculation. These **interim reports** must be received **as soon as possible** after the illness or injury. Candidates who exhibit conditions which would limit their full participation in all aspects at NMMI are subject to suspension based upon review of the NMMI Medical Board.
6. **Insurance is HIGHLY RECOMMENDED** of all cadets attending NMMI. You must submit copies of your insurance or **supplemental health insurance** (either family policy or individual student policy). **Please note foreign insurance policies and out of state Medicaid policies are not accepted by local physicians and pharmacies.** It is your responsibility to know your insurance coverage.
7. **Controlled Medications** are not permitted to be stored in cadet rooms. Cadets may store these medications at the Marshall Infirmary. Cadets will have access to the cadet clinic and physician. The NMMI Infirmary will work with cadets and parents to refill prescriptions and refer to specialty care if needed. It is the cadet's responsibility for financial cost associated with referred care off post or prescriptions.
8. Please note that **failure** to report significant pre-existing **medical or psychiatric conditions** can be **grounds for termination of your cadet career** with forfeiture of tuition and fees. This applies to active conditions which could affect participation in the military, athletic and/or academic programs, as well as past medical or psychiatric conditions.

If you have questions about medical forms, medical clearance, infirmary services, etc., please call **575-624-8378** between 08:30 am and 3:00 pm Monday-Friday or email arrieta@nmmi.edu

I. INFLUENZA VACCINATION

- _____ **I DO GIVE CONSENT FOR INFLUENZA VACCINE**
- _____ **I DO NOT GIVE CONSENT FOR INFLUENZA VACCINE**
- I authorize NMMI infirmary to administer the influenza vaccine on a yearly basis while the applicant is attending NMMI. In the event of an infectious disease outbreak, i.e. influenza, etc. NMMI will coordinate parental notification of those cadets without parental authorization through local public health agencies. Cadets refusing mandatory immunization during an outbreak may be immediately dis-enrolled from NMMI upon counsel of the New Mexico Department of Health.

II. The following are some examples of chronic conditions which will be reviewed by the NMMI Medical Board before final acceptance is granted. In all cases, a candidate should be expected to fully participate with the Corps of Cadets without concern for their safety or the safety of others due to such a chronic condition.

- Epilepsy or previous seizures with current treatment
- Diabetes requiring special diet and insulin therapy
- Blindness
- Deafness
- Chronic renal disease
- Chronic cardiac disease
- Severe symptomatic asthma
- Any severe neuromuscular or orthopedic disease which would interfere with the cadet’s performance and physical activity in accordance with NMMI requirements
- Any other substantial physically or mentally limiting condition, which, in the opinion of the medical staff, would interfere with the cadet’s ability to function satisfactorily.
- Any attempted suicide
- Manic depressive disorder, bipolar disorder, regularly scheduled psychological counseling or any other severe psychological disorders or limiting condition which in the opinion of medical staff interferes with the cadet’s ability to function satisfactorily at NMMI, demonstrate an inability to meet the existing NMMI admission requirements without significant accommodation that would alter the missions of the institute
- Drug addictions or alcohol addiction

III. CONSENT

- **I do hereby give permission to New Mexico Military Institute – Marshall Infirmary health care professionals and/or NMMI contracted health care staff – to treat my son/daughter/myself on a routine and emergency basis. I also authorize the New Mexico Military Institute employed or contracted health care professionals to refer my son/daughter/myself to an appropriate local health care facility/office in the Roswell community, the Eastern New Mexico Medical Center or Lovelace Regional Hospital for further evaluation, treatment, or hospitalization as deemed necessary. Failure to disclose all current and/or previous medical, physical and mental conditions could result in denial of admission and will be grounds for medical review and possible termination of your cadet career with forfeiture of appropriate tuition and fees.**

Date: _____

Signature of Applicant: _____

Phone: _____

Signature of Guardian: _____

Address: _____

Email: _____

In the event you would like to call the infirmary to receive information about your cadet, please provide a PASSWORD for your cadet’s protected health information: _____

(THIS COULD BE ANY PHRASE OR NUMBER THAT YOU CAN EASILY REMEMBER)

MEDICAL INFORMATION

(This page completed by applicant)

PLEASE PRINT: DATE (mm/dd/yy) ____/____/____

NAME: Last First Middle Social Security Number (SSN)

Street Address City State Zip

CADET: Cell Phone Email address Date of Birth (mm/dd/yy) Sex (M / F)

Father's Name Work Phone Cell Phone Email address

Mother's Name Work Phone Cell Phone Email address

Military dependent: YES / NO If "Yes" give sponsor's SSN: _____

TRICARE Standard _____ TRICARE Prime (Charleston PCM only) _____

Medications: Do you take any medications on a regular basis? If yes, list them here and include a diagnosis for **EACH** medication listed:

Notes:

- 1. Failure** to report **all current and previous physical & mental conditions** will be grounds for medical review and possible termination of your cadet career with forfeiture of appropriate tuition and fees.
- 2. Cadets must complete all physical aspects of the Recruit At Training Period** (first 21 days of school). This includes running, sit-ups, push-ups, running up/down stairs, rifle manual, marching in formation, and a variety of other physical activities. Because initial cadet training is only offered once, Cadets who miss more than 30% of this training period due to injury or illness will be referred for medical review and possible medical discharge for the semester.

MEDICAL INSURANCE INFORMATION

Student Info

- Full Name _____
- Social Security Number _____
- Date of Birth _____

Policy Holder Info

- Policy Holder Name _____
- Holder's Date of Birth _____
- Holder's Address _____
- City _____ State _____ Zip _____
- Holder's Phone _____

Insurance Company Info

- Insurance Co Name _____
- Company Address _____
- City _____ State _____ Zip _____
- Phone number _____
- Policy number _____
- Group Number _____
- **ATTACH PHOTOCOPY OF INSURANCE CARD (FRONT AND BACK)**

Military Dependents

- Military dependent covered by TRICARE: _____ Yes _____ No
- If "Yes" please provide sponsor's SSN: _____
- Please check which coverage: _____ Tricare Standard _____ Tricare Prime

Certification and Consent

- I understand that it is highly recommended that cadets carry supplemental health insurance for the entire period of enrollment at NMMI, in order to avert financial hardship due to hospital admissions, emergency department care, subsequent care, or other medical services not available at NMMI. I will notify the infirmary of any changes to insurance coverage as soon as they occur. All **ATHLETES** must carry supplemental health insurance for the entire period of enrollment at NMMI.
- I further understand that my signature, below, grants permission for NMMI and Sports medicine staff to treat my son or daughter for routine medical conditions.
- Parent Signature _____ Date _____

IMMUNIZATION RECORD

Applicant's Name _____ Date of Birth _____

The following immunizations are required, recommended, or suggested for cadets enrolled at NMMI.

This form must be completed and signed by the applicant's physician.

Also please provide a copy of your original immunization cards from your physician's office or health department.

Vaccine	Write Date Administered:	(Each box represents dose required)			
Dtap (5)					
Polio (4)					
Hep B (3)					
MMR (2)					
Varicella (2)					
Tdap (1)					
Meningococcal Men (ACWY)					

Meningococcal Men (ACWY)-one dose is required at age 11-12, booster dose recommended at age 16-18. Men ACWY strongly recommended for ages 13-18.

Tuberculin Test PPD: (Required for applicants who live OVERSEAS/OUTSIDE country)

Date of test: _____/_____/_____

Negative _____ Positive _____

Chest XRAY if positive _____

Treatment if any _____

Physician's Signature

Printed name

City, State, Zip, Phone Number

Date