



## Department of Health Services

UNITED STATES MERCHANT MARINE ACADEMY  
PATTEN HEALTH CLINIC ★ KINGS POINT, NY ★ 11024-1699  
516-726-5680 ★ 516-773-5436 Fax ★ [medical@usmma.edu](mailto:medical@usmma.edu)

### National Security Questionnaire

To the Plebe Candidate:

As you prepare to enter the United States Merchant Marine Academy, you must submit important health-related information prior to beginning Indoctrination on Tuesday, 02 July 2013. The following questions are taken directly from the *Questionnaire for National Security Positions*, which you will complete in its entirety at a later date during the academic year. Please answer all questions fully and accurately and mail the completed forms directly to the *USMMA Department of Health Services* **no later than Friday, 31 May 2013.**

Applicant Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Cell /Telephone No. \_\_\_\_\_ Date: \_\_\_\_\_  
DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

#### I. YOUR MEDICAL RECORD

- A. In the last 7 years, have you consulted with a mental health professional (psychiatrist, psychologist, counselor, etc.) **or** have you consulted with another health care provider about a mental health related condition (e.g., depression, attention deficit, anxiety, eating disorder, etc.) ?  
☐ Yes ☐ No
- B. If you answered "Yes," provide the dates of treatment and the name and address of the therapist or doctor below, unless the consultation(s) involved only marital, family, or grief counseling, not related to violence by you.
- |    |       |             |       |       |       |
|----|-------|-------------|-------|-------|-------|
| 1. | From: | Month/Year: | _____ | Name: | _____ |
|    | To:   | Month/Year: | _____ |       |       |
| 2. | From: | Month/Year: | _____ | Name: | _____ |
|    | To:   | Month/Year: | _____ |       |       |

#### II. YOUR USE OF ALCOHOL

- A. In the last 7 years, has your use of alcoholic beverages (such as liquor, beer, wine) resulted in any alcohol-related treatment or counseling (such as for alcohol abuse or alcoholism)?  
☐ Yes ☐ No
- B. If you answered "Yes," provide the dates of treatment and the name and address of the counselor or doctor below. Do not repeat information reported in response to item 1B above.

LastName, FirstName \_\_\_\_\_

1. From:            Month/Year: \_\_\_\_\_ Name: \_\_\_\_\_  
To:                Month/Year: \_\_\_\_\_
2. From:            Month/Year: \_\_\_\_\_ Name: \_\_\_\_\_  
To:                Month/Year: \_\_\_\_\_

### III. YOUR USE OF ILLEGAL DRUGS AND DRUG ACTIVITY

The following questions pertain to the illegal use of drugs or drug activity. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment decision or action against you, but neither your truthful responses nor information derived from your responses will be used as evidence against you in any subsequent criminal proceeding.

- A. Since the age of 16 or in the last 7 years, whichever is shorter, have you illegally used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.), or prescription drugs?  
☐ Yes ☐ No
- B. Have you ever illegally used a controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official, while possessing a security clearance, or while in a position directly and immediately affecting public safety?  
☐ Yes ☐ No
- C. In the last 7 years, have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis for your own intended profit or that of another?  
☐ Yes ☐ No
- D. If you answered "Yes" to 3A **OR** 3B above, provide the date(s), identify the controlled substance(s) and/or prescription drugs used, and the number of times each was used.

1. From:    Month/Year: \_\_\_\_\_  
To:        Month/Year: \_\_\_\_\_

Controlled Substance/Prescription Drug Used: \_\_\_\_\_

Number of Times Used: \_\_\_\_\_

2. From:    Month/Year: \_\_\_\_\_  
To:        Month/Year: \_\_\_\_\_

Controlled Substance/Prescription Drug Used: \_\_\_\_\_

Number of Times Used: \_\_\_\_\_

3. From:    Month/Year: \_\_\_\_\_  
To:        Month/Year: \_\_\_\_\_

\_\_\_\_\_

Controlled Substance/Prescription Drug Used: \_\_\_\_\_  
 Number of Times Used: \_\_\_\_\_

#### IV. YOUR POLICE RECORD

For this item, report information regardless of whether the record in your case has been "sealed" or otherwise stricken from the court record. The single exception to this requirement is for certain convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607.

- A. Have you ever been charged with or convicted of any felony offense? (Include those under Uniform Code of Military Justice)  
☐ Yes ☐ No
- B. Have you ever been charged with or convicted of a firearms or explosives offense?  
☐ Yes ☐ No
- C. Are there currently any charges pending against you for any criminal offense?  
☐ Yes ☐ No
- D. Have you ever been charged with or convicted of any offense(s) related to alcohol or drugs?  
☐ Yes ☐ No
- E. In the last 7 years, have you been subject to court martial or other disciplinary proceedings under the Uniform Code of Military Justice? (Include non-judicial, Captain's mast, etc.)  
☐ Yes ☐ No
- F. In the last 7 years, have you been arrested for, charged with, or convicted of any offense(s) not listed in response to a, b, c, d, or e above? (Leave out traffic fines of less than \$150 unless the violation was alcohol or drug related.)  
☐ Yes ☐ No
- G. If you answered "Yes" to either 4A, 4B, 4C, 4D, 4E, or 4F above, explain below. Under "Offense," do not list specific penalty codes, list the actual offense or violation (for example, arson, theft, etc.).

1. Month/Year Action Taken \_\_\_\_\_

Law Enforcement Authority/Court  
 (Include City and county/country if outside  
 U.S.): \_\_\_\_\_

Offense State \_\_\_\_\_  
 ZIP Code \_\_\_\_\_

2. Month/Year Action Taken \_\_\_\_\_

Law Enforcement Authority/Court \_\_\_\_\_

LastName, FirstName \_\_\_\_\_

(Include City and county/country if outside  
U.S.):

Offense State \_\_\_\_\_  
ZIP Code \_\_\_\_\_

3. Month/Year Action Taken \_\_\_\_\_

Law Enforcement Authority/Court  
(Include City and county/country if outside  
U.S.):

Offense State \_\_\_\_\_  
ZIP Code \_\_\_\_\_

### **Certification That My Answers Are True**

My statements on this form, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can adversely affect my application to USMMA.

\_\_\_\_\_  
Signature of Plebe Candidate                      Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian for Minors                      Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name                      Relationship to Plebe Candidate