

Exchange Student 'To-Do' List

The following is a list of deadlines and forms needed to process your enrollment. Please note that it is important that all forms in this package are completed as soon as possible and no later than the listed deadline. For the most up-to-date information on on-line forms and orientation, please visit the IBS website at www.brandeis.edu/global and refer to the section, *Current Students*.

DATE	FORM	COMPLETE
Now	Visa Form for International Students (If not included in application)	<hr/>
Now	Open a UNET account (cannot be issued until VISA and Health form are submitted)	<hr/>
Now	Change of Address and Update Contact Information (through SAGE)	<hr/>
June 1	Student Profile Form	<hr/>
June 1	Application for Graduate Student Housing	<hr/>
July 1	Health Insurance Reporting/Selection Form (through SAGE)	<hr/>
July 1	Health Report	<hr/>
August 1*	Student Account Payment (View Account Summary through SAGE) *Late Fees will be applied to accounts not paid by this date	<hr/>

***Please mail all correspondence and completed forms to the following address:**

Brandeis University
International Business School
Office of Student Services, Mailstop 032
Waltham, MA 02454
(781)736-2250
(781)736-2267 (fax)

VISA INFORMATION/DECLARATION OF FINANCES (VIDOF) FOR IBS

This form must be completed by all incoming students who are not U.S. Citizens or U.S. Permanent Residents (Green Card Holders), after an offer of admission is made. Without complete information and appropriate certification, the Certificate of Eligibility (I-20 or DS-2019) for a visa cannot be issued. Please return the completed form directly to the Office of Student Services at the address indicated above.

PLEASE TYPE OR PRINT IN BLOCK LETTERS:

- 1) Name as it appears on your Passport _____
Family Name First Name Middle Name
- 2) Male Female 3) Date of Birth _____ 4) Marital Status: Single Married (see #14 below)
Month/Day/Year
- 5) Place of birth _____ 6) Citizen of _____
City Country Country
- 7) Permanent Resident of _____ 8) Occupation _____
Country (If student, state level, e.g. graduate; if employed, specify government or private sector and job title)

IMPORTANT: Please enclose a copy of the identity pages of your Passport (photo, expiration date, Passport number, and address information)

- 9) Intended field of study at Brandeis: MAief MBAi MSF (Full Time) PhD Exchange
- 10) If you are presently in the U.S or if you have just completed your program of study in the United States, describe your current immigration status (F, J, B, H etc.) _____ and enclose copies of your immigration documents (i.e. I-94, I-20, DS-2019, I-797, OPT card, etc.)

SEVIS Transfer Process for Students Who Have Been in F or J Status in 2004 or 2005:

For students who are already in F or J status, what is your SEVIS ID number? _____. You must be released in SEVIS by your current school and after that release date, Brandeis will be able to issue your new I-20 or DS-2019. The first step is to complete the Brandeis Transfer Verification Form at http://www.brandeis.edu/isso/Students/Incoming_Students/index.html. Any employment authorizations from your previous program will be canceled when you begin classes at IBS.

NOTE: If you plan to attend a summer program in the United States (ESL, Economics, etc.), please specify the name of the program.

_____ We will not be able to issue your Brandeis I-20 until you transfer your I-20 from that school to Brandeis. (See visa transfer information above)

- 11) The information below is required for any dependents (spouse or child) who will accompany you on your visa and remain with you during your time in the U.S.A. Please note that you will need to provide evidence of \$300 per month per dependent for their support next page.

NAME (Last, First)	RELATIONSHIP To You	DATE OF BIRTH (MM/DD/YY)	PLACE OF BIRTH (City, Country)	CITIZENSHIP
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- 12) Address to which your completed visa certificate should be sent (print clearly and exactly as it should appear on the mailing label): _____
- 13) **International Address** if different from mailing address: **required** in order to process your visa document _____

Current contact information: Tel # _____ Email _____ Fax # _____

I CERTIFY THAT THE INFORMATION PROVIDED ON BOTH SIDES OF THIS FORM IS COMPLETE AND ACCURATE.

Signature _____ Date _____

Financial Certification for a degree at the International Business School

Estimate of Costs for 2005/2006	Academic Year (September – December or January – May)	Summer (June-August)
Required Fees	\$47.50	\$0
Room and Board (Based on on-campus housing costs)	\$6000.00	\$0
Books and Supplies	\$500.00	\$0
Medical Insurance	\$650.00	\$0
Personal Expenditures (clothing, laundry)	\$1350.00	\$0
Transportation (after arrival in the U.S.)	\$350.00	\$0
Other	\$	\$0
SUB TOTAL	\$8897.50	\$0

TOTAL \$ \$8897.50 \$

* All figures given above are estimates only; actual costs may be higher so if possible, we request that you provide funds to exceed the figures listed.

Supporting bank documents on original stationery are required. Letters of sponsorship stating sponsored amount must be included with sponsors' bank statements.

SUPPORT AMOUNTS IN US\$		
	Assured	Projected
1 st Year Amount Must Reflect the Full Total for the Academic Year	Future Years - estimates	
Personal Savings – Please print the name of the bank and account holder's name in this space, and attach the official bank statement with stamp, seal, and/or an official letter to verify the amount listed:	\$	\$
Family Funds and/or Sponsors – Please print the name of the bank, and account holder's name and relationship to you in this space, and attach the official bank statement with stamp, seal, and/or an official letter to verify the amount listed:	\$	\$
Government Funds (U.S. or Home government) – Please print name of agency, government source, and attach supporting documentation:	\$	\$
Brandeis University: <i>If fully funded by Brandeis, no bank certification is required.</i>	\$	\$
Other – Please specify. Enclose with this form a bank statement and a signed affidavit from an authorized person who will certify the sponsorship.	\$	\$
<i>All funding sources must be liquid and transferable to the U.S.</i>	TOTALS	\$

Official Certification of Sources of Funds and Amounts: Required in Order to Issue the Visa Document

- 1) If your funding includes sources that are not from your personal account, please provide the following:
 - A letter from your sponsor or family member including: their name, relationship to you, specific amount that they are sponsoring, address, date, and signature.
 - An official bank statement showing financial support available for at least the amount in his/her sponsorship OR a bank letter on official letterhead with the name of the bank, address, date, and signature of bank representative certifying the specific amount available.
- 2) For Official Government sponsorships – please provide the supporting documentation for your award.
- 3) If your funding source is from personal savings, please provide a current bank statement indicating available funds.

OPEN A UNET ACCOUNT

Everyone should plan on opening an account

1. Go to <https://unet.brandeis.edu/> and click on 'Open a UNET Account'
2. Read through the information and click on 'I Agree'
3. Follow the Directions on the page (as seen below)

Account Eligibility

A UNet account supports email @brandeis.edu, file service, personal web page publishing, and authorization for various network services.

Continuing Studies and most Summer School students do not need a UNet account. Instead, simply log on to [MyCourses](#) with your registered email address. Use the "Send me a password" link the first time, or whenever you lose your password. Your full email address and MyCourses password will be accepted as authorization for online library resources and other Brandeis services.

Brandeis Alumni need to go elsewhere for [Alumni email forwarding](#).

All Brandeis affiliates are automatically eligible for exactly one account. Long-term contractors and guests may be sponsored for an account. Regardless of your affiliation, just fill out this form. You will be prompted for additional information on a followup "Get Help from a Human Being" form if necessary.

If you're seeking an email address for a group or role account, you want an [alias on your existing UNet account](#) or the [courier maildrop service](#).

Identification

Please enter your name below. This will be used to search for your entry in the [directory](#).

First name:	<input type="text"/>	Last name:	<input type="text"/>
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ID Verification

To make sure we have the right match between our records and student/staff records, we need a shared secret number.

Students: Please enter your SAGE (Student Administration Gateway) User ID. Your sage User ID is an eight character code that begins with a capital W followed by seven numbers. You should have received it from the Registrar. For more information, see [the SAGE web site](#).

Staff and Faculty with US SSNs: Enter your Social Security Number. We will match it with the payroll system. Read our [privacy note](#) if you have concerns about how this information is transmitted and stored.

Affiliates without US SSNs: Enter nine zeroes (000000000). You will be directed to a "get help from a human being" account sponsorship process.

ID Verification:	<input type="text"/>
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Your Username

Your permanent login name, which becomes your default email address @brandeis.edu, must start with a lower case letter and may include only numbers and lower case letters. Your username must be between three and eight characters long. By convention, people at Brandeis have been using a first initial and last name, but since it is impossible to completely hide usernames from external queries, people especially concerned about privacy should use something else. Examples: jdoe, joeschmo, jane3, roe, blff.

After your account has been created, you will be able to set additional email aliases that are not subject to many of the above restrictions.

Please bear in mind that your username will be used for *many* services and can *never* be changed. Before picking a silly name, think how it will look on your resume. If you think you might change your name during the lifetime of your account (for marriage, for example), you might not want to use that part of your name as your username.

First choice:	<input type="text"/>	Second choice:	<input type="text"/>
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Your Password or Pass Phrase

Please enter the pass phrase that you would like to use for all UNet services. To make it more difficult to guess, your pass phrase must be 7-24 characters and should include at least one non-alphanumeric character (a space or punctuation). One way to devise a strong password that is easy to remember is to take the first (or last) letter or number of each word of a phrase that means something to you.

For help coming up with a sufficiently secure password, try [Password Libs](#). Also, if you enter a pass phrase longer than 10 characters, the password complexity restrictions are relaxed.

Pass phrase:	<input type="text"/>
Again to catch typos:	<input type="text"/>

Forgotten Password Challenge Question & Answer

If you ever forget your password, you will need to come to the Help Desk (Feldberg 134, 529-UNET) in person in order to change it. For such an event, you need to choose a question can be used to verify your identity, such as:

- What is the name of the sled you used as a child? (Rosebud)
- Last name of your first kiss? (Charming)
- What was the name of your first pet? (Charlie)
- Last name of your favorite teacher in High School? (Chips)

(The traditional "mother's maiden name" doesn't provide much security.)

Question:	<input type="text"/>
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Please make sure the answer to this question is unambiguous and easy to spell, since you might some day need to communicate it over the phone.

Answer:	<input type="text"/>
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You are now ready to create your new account. Press the button below to submit your information and create your new account.

Create Account

CHANGE OF ADDRESS FORM

Everyone should plan on updating this information

1. Go to <https://sage.brandeis.edu>
 2. Log in with your UNET username and password
 - Select SA Self Service
 - Personal Portfolio
 - Home
 - Personal Portfolio
 3. From here you can update your Mailing Address, Email Address, Phone Number, Emergency Contact Information, and your Directory/Privacy Settings
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STUDENT PROFILE FORM

Everyone should plan on completing this information

1. Go to <http://www.brandeis.edu/global/studentservices/profileform.php>
2. Complete online form and click submit

APPLICATION FOR GRADUATE STUDENT HOUSING, 2006-2007



Brandeis University • International Business School
Office of Student Services, Mailstop 032
Waltham, MA 02454

Tel: (781) 736-2250 Fax: (781) 736-2267 e-mail: mgradt@brandeis.edu

Staff Use:
Date received _____
Assignment _____
H GA GI

This form should be completed by any incoming student who would like to request university housing. This form should be returned no later than June 1, 2006, however preference is given to applications received first. Please return the completed form directly to the Office of Admissions at the address indicated above. You may also complete your request online at <http://www.brandeis.edu/global/student-services/housingapp.php>.

(please print) Last Name	First Name	Middle Initial	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Address				
Number and Street Name				
City	State	Zip Code	Country	
Phone Number ()		Email Address		
(please include country code of outside of United States)				
Date of Birth		Social Security Number		

For *all* students: Please *circle* the degree you will be following:

- Ph.D.
- Masters
- Other (please specify)

For **IBS** (International Business School) students, please *circle* one of the following:

- IBS Exchange
- IBS Lemberg/ M.A.
- IBS MBA

On-campus graduate housing space is limited, therefore, not all graduate students are offered on-campus accommodations. Offers for on-campus graduate housing are made at the **discretion of each of the three University graduate schools**. The three graduate schools forward all approved applicants to the Department of Residence Life for final assignment.

Meal plans through the University are available, but not required. **Married, couple and/or housing for individuals with children is not available. All apartments and rooms are designated as non-smoking.**

Brandeis University does not discriminate on the basis of race, color, sex, sexual orientation, religion, national origin, age, genetic information, disability, or status as a veteran in its programs and activities.

Early arrival, extension and Summer accommodations are not available.

Request for Reasonable Room Accommodation:

Students may request a reasonable room accommodation for a diagnosed medical or psychological issues as defined by Section 504/ADA by completing the Reasonable Accommodations Request Form and returning it to the Health Center by **June 1, 2006**. Accommodations are made upon recommendation of the Health Center and availability of space. Availability may be limited.

Graduate Housing Application 2005-2006 Continued

The University strives to consider all individual preferences when determining housing assignments. Students may make specific roommate requests. However, **ALL** roommates must provide the written request below, received not later than June 1, 2006, in order to receive consideration. **Any requests made past this deadline will not be considered.**

All efforts will be made to honor requests. However, not all requests can be granted.

- o Would you prefer to live with someone studying in the same field?
Yes No
- o Would you be willing to share an apartment with individuals of the opposite sex?
Yes No
- o Please print the name (if any) of a person with whom you would like to live.

All graduate housing is located in the Charles River Apartments. All accommodations are in single rooms in **two-**, **three-**, and **five-** person apartments. A kitchen and a bathroom are provided in each apartment. The five person apartments and three person apartments are also provided with a living room, but the single rooms are smaller than the 2 bedroom apartments. The five person apartments are provided with an additional bathroom. The 2 bedroom apartments do not have a living or common room.

- o Do you like to study with music?
Yes No
- o Do you prefer to stay up late (after 11:00pm)
Yes No
- o Are you a smoker? (for placement only. **Smoking is not permitted in residence halls**)
Yes No
- o Graduate communities are one of the following choices; please rank your preference:
 - 2 person apartment
 - 3 person apartment
 - 5 person apartment

Please provide any additional comments in the space below:

I hereby apply for a space in the University residence halls designated for graduate housing and agree to occupy the room and apartment to which I am assigned for the **entire academic year**, unless otherwise required by my program of study. I agree to abide by all guidelines and standards established in the Brandeis University Rights and Responsibilities and the Residence Halls and Dining Services License. It is understood that failure to abide by these terms may result in revocation of my assignment, meal plan privileges, and/or other sanctions.

Student Signature

Date

HEALTH INSURANCE REPORTING / SELECTION FORM

Everyone should plan on completing this information **no later than July 1, 2006**.

It is a Massachusetts law that all students in the Commonwealth must be insured while attending Brandeis University. If you plan to provide your own private international health insurance policy, the policy **MUST** have a U.S. partner affiliate. The University Health Center **WILL NOT** accept private insurance if there is no U.S. affiliate.

1. Go to <https://sage.brandeis.edu>
2. Log in with your UNET username and password
 - a. Select SA Self Service
 - b. Student Services
 - c. Home
 - d. Student Services
3. From here you can update your Health Insurance, View your Account Summary, Sign up for a Payment Plan through TMS Gateway, Pay by Credit Card through TMS Gateway, and in future semesters Register for Classes online.

PLEASE NOTE

HEALTH REPORT

Page 1

FOR HEALTH SERVICES USE ONLY

ALL STUDENTS THAT ARE THREE QUARTER TIME AND FULL TIME GRADUATE STUDENT ARE REQUIRED BY MASSACHUSETTS' STATE LAW TO PROVIDE IMMUNIZATION RECORDS OR PROOF OF IMMUNITY. THE INFORMATION PROVIDED MUST BE IN **ENGLISH.**

GRADUATE STUDENT IMMUNIZATION RECORD

Brandeis University
Health Center
415 South Street MS 034
Waltham, MA 02454-9110
Telephone (781) 736-3677
Fax (781) 736-3675

ALLERGIES:

Date Received: _____

Measles: #1 #2
Mumps: Rubella: Tetanus:
Hepatitis B #1 #2 #3
PPD CXR INH
Meningitis
Hep A #1 #2
Complete: Exemption

Name: _____ **Female** **Male**
Last (surname) First (given) Middle initial

Permanent Address: _____
Street

City State Zip Code Country

Date of Birth: ____/____/____ Soc. Sec. #: _____
Month Day Year

Birthplace (Country): _____

Email address: (only if checked regularly) _____

Home Telephone: _____ (_____) _____
Country Code if International Area Code

Address while at Brandeis University _____
Street Address

City State Zip Code

Local Telephone # _____

Graduate Program: Heller GSIEF GSAS OTHER Department Telephone # _____

Were you an undergraduate at Brandeis? Yes No If yes: What year did you graduate? _____

Emergency Contact:

Name: _____
Last First Relationship
Address: _____
Street City State Zip Country
Home Telephone: _____ (_____) Business Telephone: _____ (_____) _____

PLEASE NOTE

ALL STUDENTS THAT ARE THREE QUARTER TIME AND FULL TIME GRADUATE STUDENT ARE REQUIRED BY MASSACHUSETTS' STATE LAW TO PROVIDE IMMUNIZATION RECORDS OR PROOF OF IMMUNITY. THE INFORMATION PROVIDED MUST BE IN ENGLISH.

HEALTH REPORT

Page 2

Health Information

Brandeis University
Health Center
415 South Street MS 034
Waltham, MA 02454-9110
Telephone (781) 736-3677
Fax (781) 736-3675

MEDICAL CONDITIONS:

HISTORY of MAJOR ILLNESS, OPERATIONS or HOSPITALIZATIONS:

Date	Diagnosis	Comments

ALLERGIES:

Medication	Food	Insect Venom

MEDICATIONS:

Please list all medications currently being taken (include Vitamins, Over the Counter Medication, Contraceptives, Inhalers, Epi-Pens, Allergy Injections)

HEALTH REPORT - Page 3

IMMUNIZATION RECORD

In accordance with Massachusetts College Immunization Law, Chapter 76, Section 15c, Brandeis University requires verification of immunity for measles, mumps, rubella, tetanus and diphtheria.

Student's Name _____
Last First M.I. Date of Birth ____/____/____

I. REQUIRED IMMUNIZATIONS:

MMR (MEASLES, MUMPS, RUBELLA) If Immune by titer a COPY of the lab report, with the value in ENGLISH is required.

If given instead of individual immunizations, **2 doses required.**

Dose 1 Immunized on or after first birthday

Dose 2 Given at least one month after Dose 1

Dose 1 _____

Dose 2 _____

MEASLES (RUBEOLA) If given instead of MMR, 2 doses required.

Dose 1 Immunized with live measles vaccine on or after first birthday

Dose 2 Given at least one month after Dose 1

If unable to document 2 Measles Immunization dates, must provide:

Measles serology immune titer value _____ Interpretation: Immune Not Immune

Dose 1 _____

Dose 2 _____

Date: _____

MUMPS If given instead of MMR, 1 dose required.

Immunized with vaccine on or after first birthday

If unable to document Mumps Immunization date, must provide:

Mumps serology immune titer value _____ Interpretation: Immune Not Immune

Date: _____

Date: _____

RUBELLA If given instead of MMR, 1 dose required.

Immunized with vaccine on or after first birthday

If unable to document Rubella Immunization date, must provide:

Rubella serology immune titer value _____ Interpretation: Immune Not Immune

Date: _____

Date: _____

TETANUS-DIPHTHERIA

Completed primary series of tetanus-diphtheria immunizations

Received tetanus-diphtheria booster within last 10 years

Date: _____

Date: _____

HEPATITIS B Vaccine

Dose 1 _____ Dose 2 _____ Dose 3 _____
Month Day Year Month Day Year Month Day Year

II. RECOMMENDED

TUBERCULOSIS SCREENING

Date and test results required. BCG Vaccine is not a contraindication to testing.

PPD (Mantoux) test within the past 6 months. Negative Positive Induration _____ -
mm

Date: _____

Chest x-ray (in the past 6 months if positive PPD) Result: Negative Positive

Date: _____

Chest x-ray reports must be in ENGLISH.

If positive PPD, treatment with _____ Dates: _____

Please provide dates of the below vaccines

Meningococcal Vaccine Dose 1 _____
Month Year

Hepatitis A Vaccine Dose 1 _____
Month Year

Dose 2 _____
Month Year

Varicella Vaccine Dose 1 _____
Month Year

Dose 2 _____
Month Year

Polio Vaccine Dose 1 _____
Month Year

Dose 2 _____ Dose 3 _____ Dose 4 _____
Year Year Year

MUST BE VERIFIED BY A LICENSED HEALTH CARE PROVIDER

Name _____ MD, NP, PA, DO

Signature _____ Telephone (____) _____



Information about Meningococcal Disease and Vaccination and Waiver for Students at Residential Schools and Colleges

Legislation has been enacted in Massachusetts requiring all new students at residential schools (e.g., boarding schools) with grades 9-12 and postsecondary institutions (e.g., colleges) that provide or license housing to:

- 1. receive meningococcal vaccine prior to the beginning of classes; or**
 - 2. fall within one of the exemptions in the law, which are discussed below.**
-

The law provides an exemption for students signing a waiver that reviews the dangers of meningococcal disease and indicates that the vaccination has been declined. To qualify for this exemption, you are required to review the information below and sign the waiver at the end of this document. Please note, if a student is under 18 years of age, a parent or legal guardian must be given a copy of this document and must sign the waiver.

What is meningococcal disease?

Meningococcal disease is caused by infection with bacteria called *Neisseria meningitidis*. These bacteria can infect the tissue that surrounds the brain and spinal cord called the "meninges" and cause meningitis, or they can infect the blood or other body organs. In the United States, about 2,600 people each year get meningococcal disease and 10-15% die despite receiving antibiotic treatment. Of those who survive, about 10% may lose limbs, become deaf, have seizures or strokes, or have other problems with their nervous system.

How is meningococcal disease spread?

These bacteria are passed from person-to-person through saliva (spit). You must be in close contact with an infected person's saliva in order for the bacteria to spread. Close contact includes activities such as kissing, sneezing, coughing, sharing water bottles, sharing eating/drinking utensils or sharing cigarettes with someone who is infected.

Who is at most risk for getting meningococcal disease?

People who travel to certain parts of the world where the disease is very common are at risk, as are military recruits who live in close quarters. Children and adults with damaged or removed spleens or an inherited disorder called "terminal complement component deficiency" are at higher risk. People who live in settings such as college dormitories are also at greater risk of infection.

Are some students in college and secondary schools at risk for meningococcal disease?

College freshmen living in residence halls or dormitories are at an increased risk for meningococcal disease as compared to individuals of the same age not attending college. The setting, combined with risk behaviors (such as alcohol consumption, exposure to cigarette smoke, sharing food or beverages, and activities involving the exchange of saliva), may be what puts college students at a greater risk for infection. There is insufficient information about whether new students in other congregate living situations (e.g., residential schools) may also be at increased risk for meningococcal disease. But, the similarity in their environments and some behaviors may increase their risk.

The risk of meningococcal disease for other college students, in particular older students and students who do not live in congregate housing, is not increased. However, meningococcal vaccine is a safe and efficacious way to reduce their risk of contracting this disease.

Is there a vaccine against meningococcal disease?

Yes, there are currently 2 vaccines available that protect against 4 of the most common of the 13 serogroups (subgroups) of *N. meningitidis* that cause serious disease. Meningococcal polysaccharide vaccine is approved for use in those 2 years of age and older. In January 2005, a new type of meningococcal vaccine was licensed, called meningococcal conjugate vaccine, and is currently only approved for use in those 11- 55 years of age. Both types of meningococcal vaccines are acceptable for college students and residential school students 11 years of age and older. For those younger than 11 years of age, meningococcal polysaccharide vaccine is the only licensed vaccine.

Both of the vaccines provide protection against four serogroups of the bacteria, called groups A, C, Y and W-135. These four serogroups account for approximately two-thirds of the cases that occur in the U.S. each year. Most of the remaining one-third of the cases are caused by serogroup B, which is not contained in the vaccine. Protection from immunization with the meningococcal polysaccharide vaccine is not lifelong; it lasts about 3 to 5 years in healthy adults (some people may be protected longer.) The meningococcal conjugate vaccine is expected to help decrease disease transmission and provide more long-term protection. **(See reverse side)**

Is the meningococcal vaccine safe?

A vaccine, like any medicine, is capable of causing serious problems such as severe allergic reactions. The risks associated with receiving the vaccine are much less significant than the risks that would arise in a case of meningococcal disease. Getting meningococcal vaccine is much safer than getting the disease. Some people who get meningococcal vaccine have mild side effects, such as redness or pain where the shot was given. These symptoms usually last for 1-2 days. A small percentage of people who receive the vaccine develop a fever. The vaccine can be given to pregnant women.

Is it mandatory for students to receive meningococcal vaccine prior to entering secondary schools or colleges that provide or license housing?

Massachusetts law (MGL Ch. 76, s.15D)) requires new students at residential schools (e.g., boarding schools) with grades 9-12 and new full- and part-time, undergraduate and graduate students in degree-granting programs at postsecondary institutions (e.g., colleges) that provide or license housing to receive meningococcal vaccine. At affected institutions, the new requirements apply to all new students, regardless of grade (including grades pre-K through 8), year of study, and whether or not they reside in school- or campus-related housing. Beginning in August 2005, all new students at these institutions must provide documentation of having received meningococcal vaccine (within the last 5 years) at least 2 weeks prior to the beginning of classes, unless they qualify for one of the exemptions allowed by the law.

Students may begin classes without a certificate of immunization against meningococcal disease if: 1) the student has a letter from a physician stating that there is a medical reason why he/she can't receive the vaccine; 2) the student (or the student's parent or legal guardian, if the student is a minor) presents a statement in writing that such vaccination is against his/her sincere religious belief; or 3) the student (or the student's parent or legal guardian, if the student is a minor) signs the waiver below stating that the student has received information about the dangers of meningococcal disease, reviewed the information provided and elected to decline the vaccine.

Consideration is being given to amending the law regarding the students to be covered by the requirement. When and if the law is amended, regulations regarding meningococcal vaccination may change.

Where can a student get vaccinated?

Students and their parents should contact their healthcare provider and make an appointment to discuss meningococcal disease, the benefits and risks of vaccination, and the availability of this vaccine. Schools and college health services are not required to provide you with this vaccine.

Where can I get more information?

- Your healthcare provider
 - The Massachusetts Department of Public Health, Division of Epidemiology and Immunization at (617) 983-6800 or www.mass.gov/dph
 - Your local health department (listed in the phone book under government)
-

Waiver for Meningococcal Vaccination Requirement

I have received and reviewed the information provided on the risks of meningococcal disease and the risks and benefits of meningococcal vaccine. I understand that Massachusetts' law requires students enrolled at secondary schools, colleges and universities that provide or license housing to receive meningococcal vaccinations, unless the students provide a signed waiver of the vaccination or otherwise qualify for one of the exemptions specified in the law.

Please check the appropriate box below.

After reviewing the materials above on the dangers of meningococcal disease, I choose to waive receipt of meningococcal vaccine.

-OR-

Due to the shortage of meningococcal vaccine, I was unable to be vaccinated.

Student Name: _____ Date of Birth: _____

Student ID or SSN: _____

Signature: _____ Date: _____

(Student or parent/legal guardian, if student is under 18 years of age)