

The background of the top half of the page is a photograph of a campus. In the foreground, a wooden bridge with a metal arch structure spans a body of water. In the background, there are green trees, a building, and a fountain. A cluster of pink and red flowers is in the bottom left foreground.

ARRIVAL & ORIENTATION INFORMATION

Spring 2017

YOUR PRE-DEPARTURE CHECKLIST

Before you depart, please make sure you have:

- Arrival Form
- Health Forms
- Housing & Occupancy Forms
- Official School Transcripts
- Merrimack Issued I-20
- Valid Passport
- F-1 Visa
- Merrimack Acceptance Letter
- Attend a pre-arrival webinar

Please use your official name (name on your passport and what you used to apply to Merrimack College) on all forms and correspondence with Merrimack College.

Welcome To Merrimack College

Dear Student,

Welcome to Merrimack! We are excited you decided to join us here at the Pre-Master's Program (PMP) and we cannot wait to meet you. Andover offers a number of activities and conveniences while you settle into your studies. The school's close and friendly community is set against the backdrop of a classic American town with historical homes and nature preserves. Boston is close by and easily accessible by car or commuter train.

With so many things to do, we know you already have a list of questions. This guide is meant to answer as many as possible. The PMP is here to help you in any way we can – both academically and personally. Please take a moment to read everything and come to us with any questions. This is only the first step in the next exciting stage in your career.

Once again, congratulations on joining the Merrimack community and welcome to the Pre-Master's Program!

Pamela Huyser
Pre-Master's Program Center Manager

Contact

Pamela Huyser
Center Manager



Tel Number 978-837-5728
Mobile 978-284-0934 (PMP Emergency Contact)

Nicole Steeves
Admissions Manager



Tel Number 978-837-5728
Mobile 978-284-0934

Nicole Brewer
Operations Coordinator



Tel Number 978-837-5751

Merrimack Address
International Study Center
Merrimack College
Ash Centre
315 Turnpike Street
North Andover, MA 01845

Study Group Address
330 7th Avenue
New York, NY 10001

Hours of operation: 8:30 am – 4:30 pm
Main PMP Tel Number: 978-837-5728
Website: www.isc.merrimack.edu
Facebook: www.facebook.com/merrimackpremasters/

Required Forms

How to Accept Your Offer and Confirm Your Enrollment

- 1) Review your offer letter
- 2) Pay your enrollment deposit
- 3) Submit your required financial documents and declaration of finances form
- 4) Receive your Merrimack I-20
- 5) Apply for your F1 visa and pay your \$200 SEVIS fee
- 6) Notify us when you receive your visa

2 weeks before arriving on campus, it is very important you send all forms to
naadmissions@studygroup.com

- Arrival Form
- Student Health Forms
- On-Campus Housing & Occupancy Forms

Paying Online

- 'How to Pay' Guide - <http://isc.merrimack.edu/payonline>
- Pay online login - <http://isc.merrimack.edu/pay>

Official School Transcripts

All new students must provide official or original copies of all undergraduate transcripts and final school leaving certificates prior to or upon arrival at orientation. Official academic records may be sent from your previous institution directly to Merrimack College. If you arranged for these documents to be mailed prior to arrival please notify naadmissions@studygroup.com. Certified original academic records in sealed envelopes may also be provided upon arrival at orientation. **Students who do not provide the required documentation may not be permitted to attend class until their account is cleared.**

Information about US student visas

Once you have been accepted on a program and paid your deposit, Merrimack College will issue an I-20 from the United States Citizenship and Immigration Services (USCIS). You can then apply for a visa to study in the US. Merrimack College is authorized under Federal law to enroll non-immigrant alien students. Your I-20 document is issued by the University and is valid for the entire duration of your studies.

FAQ: WHAT IS AN I-20?

An I-20 document is required to start the process of obtaining a student visa to enter the United States. Once accepted to Merrimack, a student is provided with an I-20 from Merrimack, issued on behalf of the United States Citizenship and Immigration Services (USCIS).

Contact the nearest [US Embassy or Consulate in your country](#) to find out what the procedure is for applying for a student visa. You may need an appointment, or walk-in hours may be available.

The following information is adapted from the [US Department of State](#):

1. WHAT IS A VISA?

A visa allows a foreign citizen to travel to a US port-of entry and request permission from the US immigration officer to enter the United States. It does not guarantee entry into the US.

2. WHAT TYPE OF VISA DO I NEED TO BECOME AN ACADEMIC STUDENT IN THE UNITED STATES?

Most non-US citizens who wish to study in the United States will seek an F-1 (non-immigrant) student visa, but there are other visa types that are sometimes authorized for those who study in the US. The F-1, or Student Visa is the most common for those who wish to engage in academic studies in the United States. It is for people who want to study at an accredited USA university or to study English at a university or intensive English language institute.

3. WHEN SHOULD I APPLY FOR A VISA?

It is best to apply early for the visa to make sure that there is sufficient time for visa processing. We recommend that all students apply for their visa as soon as they have all the required documentation. Notify us directly once your visa status is known. Please tell your Student Enrollment Advisor when you have made an appointment, and notify them of the outcome of that appointment.

4. HOW DO I APPLY FOR A VISA IN MY COUNTRY?

In order to apply for a visa at a US embassy or consulate in your country, you must first have an I-20 document issued by Merrimack College. You will be required to submit the I-20 when you apply for a visa.

Merrimack College will provide you with the appropriate SEVIS-generated form only when you have been academically admitted to the International Study Center, and your deposit payment has been received.

You then need to make an appointment for your visa interview.

Most of the procedures and requirements for applying for a student visa are standardized but some vary from country to country. For example, how to pay the visa application processing fee and how to make an appointment for an interview. Visit the website of the [Embassy or Consulate where you will apply](#) to learn more.

FAQ: WHAT IS SEVIS?

SEVIS is the abbreviation for 'Student and Exchange Visitor Information System'. SEVIS is an internet-based US Government system that maintains data on foreign students and exchange visitors before and during their stay in the United States. In order to enroll students from other countries, US colleges and universities must be approved by the Student and Exchange Visitor Program (SEVP). Merrimack College has received this approval.

5. PREPARING FOR THE VISA INTERVIEW

Prior to meeting with US Embassy officials you will need to pay a \$200 SEVIS fee to the US government, and a visa processing fee (the procedure will differ from one US Embassy/Consulate to another). You should also make sure you have all the documentation you will need when you go for the interview:

- your passport
- the visa-qualifying document (I-20)
- documentation of your financial ability to support yourself*
- proof that you have ties to your home country
- proof of payment of the SEVIS and visa fees
- a completed visa application form (follow Department of State procedures carefully to ensure you complete it correctly)

* A bank statement or bank letter verifying your or your sponsor's financial ability to cover your expenses should be provided. The bank statement cannot be a copy; it must be original (per immigration law). The bank statement must be notarized and no older than six months. We advise you to have an original letter (Affidavit of support) from your parents/guardian, financial sponsor or other source of support claiming financial responsibility for you as a student. This affidavit must be notarized.

If you are self-sponsored, no affidavit is required. In the case of government-sponsored students, the Financial Guarantee serves as both the bank statement and the affidavit.

6. KEY INFORMATION ABOUT VISAS AND ENTERING THE UNITED STATES

The US Embassy/Consulate cannot issue an F-1 more than 120 days before the actual start of the academic program in the United States. However, visa applicants are encouraged to apply for their visa as soon as they are prepared to do so. Thus, if the university to which you have been admitted states on the I-20 that the program will start on September 1, a visa cannot be issued before May 1.

Even if you have been issued a visa to enter the United States, you will not be allowed to enter the country more than 30 days before the start of your program, if you are an initial entry student. Returning students do not have this requirement. Using the earlier example, if the program of study starts on September 1, you will not be permitted to enter the United States until August 1 or later.

7. WHAT TO DO WHEN YOU ARRIVE AT UNIVERSITY IN THE US

Once you arrive on campus, the [Pre-Master's Program](#) will help you with any questions or concerns you may have about immigration rules and regulations. Merrimack College Office of International Program must report your arrival within the SEVIS system. If this report is not submitted, you may be considered to be in violation of your status in the United States. During international student orientation, you will be given information about maintaining your visa status.

Key Dates

| Semester | Application Deadline | Confirmation Deadline | Arrival / Move In Date | Orientation | Start Date |
|-------------|----------------------|-----------------------|------------------------|---------------|------------|
| Spring 2017 | December 10 | December 19 | January 16 | January 16-18 | January 19 |

| Date | Event |
|----------------------|---|
| January 16 | Arrival Day – Free Airport Pickup (complete the arrival form) |
| January 16-18 | Orientation and registration |
| January 19 | Spring courses begin |
| February 20 | President's Day – School Closed |
| March 13-17 | Spring Recess – School Closed |
| April 13-17 | Easter Break – School Closed |
| May 12 | Final examinations end |
| May 19-21 | Graduation Weekend |
| May 22 | Summer courses begin |



Planning Your Arrival

Average Temperatures (in Celsius)

| | |
|--------|-----|
| Summer | 21° |
| Fall | 12° |
| Winter | 4° |
| Spring | 7° |

Andover has most of the essentials for any student and a shopping trip is part of orientation. You may, however, want to consider bringing a few things from home.

- US Dollars to purchase anything for your apartment. You will need to purchase lamps for on-campus apartments.
- A bi-lingual dictionary or electronic translator or phone app
- 110 volt adapter for North American electric plugs
- Skype – Until you get an American mobile number, Skype is a convenient way to talk and see your friends and family back home.
- Personal items such as photos, music, books, magazines, etc...
- Cultural Items – Merrimack has a strong international student population with numerous activities that share the heritage of every country and culture. Consider bringing traditional clothes, national arts and crafts to share with your fellow students.
- Linens – The school does provide bed sheets and bathroom towels for those living in on campus housing, but you can either bring them from home or purchase them during the orientation shopping trip. On-campus beds are sized Twin, Extra Long.
- Clothes – It is good to bring a variety and especially layers and boots as Andover experiences all seasons including a hot summer, cooler fall, and snow in the winter.

Arriving in the United States

The closest and most convenient airport to fly into is Boston Logan. Merrimack is approximately 40 minutes away from Boston by car or 50 minutes by commuter train from Boston's North Station. Merrimack offers a free service to pick students up from Logan and take them to campus if students arrive on the official Arrival Day. Please complete the Arrival Form later in this guide to let Merrimack and the PMP know when you will be arriving on campus so we can prepare for you.

Local Hotels

Andover Inn

4 Chapel Avenue, Andover, Massachusetts 01810

www.andoverinn.com

+1-978-775-4900

Holiday Inn Express, Andover North-Lawrence

224 Winthrop Avenue Lawrence, Massachusetts 01843

<http://www.ihg.com/holidayinnexpress/hotels/us/en/lawrence/boslm/hoteldetail>

+1-888-465-4329

Extended Stay America Boston-Tewksbury

1910 Andover St, Tewksbury, Massachusetts 01876

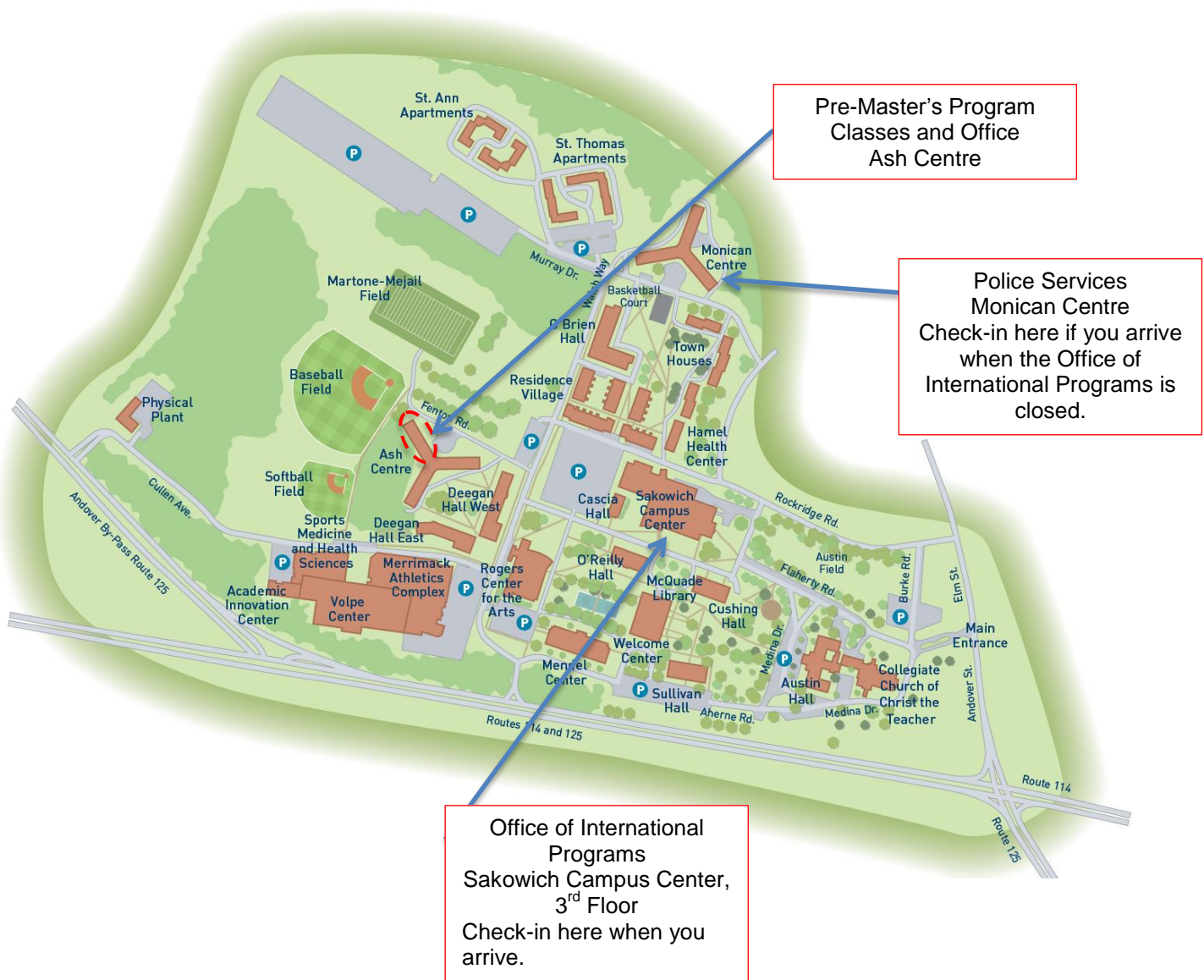
<http://www.extendedstayamerica.com/hotels/ma/boston/tewksbury>

+1-978-863-9888

Orientation

International student orientation is an important and helpful way to introduce you to the academic, social, and cultural norms of America. Your attendance is required and you will find it quite valuable to your upcoming success. During orientation, you will:

- Take English test to confirm the appropriate proficiency level
- Set up your email, myMack and Blackboard accounts
- Register for classes
- Meet your classmates
- Meet Merrimack faculty and staff and the PMP team
- Learn about the school and town
- Be taken on shopping trips



Living at Merrimack

Housing

- Housing is optional and available on a first-come, first-serve basis if you confirm your acceptance by the *housing* confirmation deadline.
- PMP students have the option to stay in campus housing during their time in the PMP. The housing is serviced by the school maintenance services.
- The Royal Crest Apartments are equipped with two bedrooms, two bathrooms, a kitchen and a living room. Each apartment consists of a dresser, bed, desk, and desk chair for each student.
- **If you choose campus housing, you will share a bedroom with another student.**
- Contact the Operations Coordinator, Nicole Yurchak, for a list of local, off-campus housing options.

Transportation

- Parking is available if you wish to have a car with Boston 40km away. Parking is \$100 per academic year
- A commuter train is located 3km from campus and makes the 50 minute trip to Boston multiple times a day
- Logan Airport in Boston offers direct flights to hundreds of cities around the world
- Boston has a train station and a bus station

Social attitudes

- The American culture can vary based on where you are in the country. Like anywhere in the world, lifestyle, heritage, and geography all influence the personality of a region. You will find similarities and differences between your home country and culture, but people are fundamentally the same in their pursuit of personal growth and friendly interaction. Andover is a small, quiet town, but highly educated and with a history of embracing diversity and cultural exchange.

Drinking

- Alcohol is legal to anyone over the age of 21. There are strict rules against underage drinking and severe consequences. Drinking is often associated with a party lifestyle and atmosphere for college students. For those over 21, it is acceptable to drink in moderation in public venues.

Smoking

- Smoking is banned in many public places in the U.S. On campus, there are restrictions about where students can smoke. Smoking is prohibited in university buildings and residence hall courtyards. If you are being hosted by friends, always ask where an acceptable place to smoke is located.

Recreation / Getting Involved

- Graduate Student Senate is among the more than 50 clubs PMP students can join.

Campus Safety

- Merrimack is patrolled by its own professional security staff and can call upon the local police force if it so wishes.
- Campus security can be reached at 978.837.5555 or 5555 on campus phones.

International Food

- Andover and North Andover feature restaurant cuisine from China, Japan, Thailand, India, Mexico, Italy, America, along with multiple seafood restaurants.

Computers

- You will need to bring a computer with an English version of Microsoft Office installed.
- The school has a computer lab in McQuade Library and an IT support team if you require assistance.
- You must know how to use a scientific calculator.

Religious Information

- The Interfaith Alliance club sponsors interfaith support, conversations, and experiences for the entire school. The Sakowich Center also has space on the 2nd floor for students of different faiths.

Budgeting

- You need to budget carefully to cover all of your living costs, including clothes, transportation, books and entertainment. It is difficult to estimate how much money you will need over a year, as this depends on individual lifestyles and circumstances. Please remember that almost everything you buy will have an additional 8-10% sales tax on top of the "sticker price."

Approximate prices in North Andover:

- *Mobile phone service:* \$20-100/month
- *Mobile phone activation:* \$300-500 with national carrier (Sprint, AT&T, T-Mobile, Verizon)
- *Movie ticket:* \$12 in town
- *Dinner at a restaurant:* \$10-30/per person + tax + tip (It is common to tip your server 15% on top of bill)
- *Coffee:* \$2/cup; \$3-5 for specialty coffees

Useful Links

- <http://www.merrimack.edu/news/>
- <http://www.eagletribune.com/>
- <http://www.boston.com/>



Housing Form for students interested in on-campus housing

Name: (Given Name/ Family Name) _____

Date of Birth: (month/day/year) : ____/____/____

Sex: (a) Male (b) Female

PMP students have the opportunity to live on campus, on a first come, first serve basis.

If the apartments are full by your confirmation date, would you prefer to...

- (a) Be on the housing wait list **(Please complete the *Exhibit A – Occupancy Application* on the following page)**
(b) Find my own off-campus housing **(Please complete the lower half of this form)**
(c) Other _____

Please circle one:

I am a: (a) Smoker (b) Occasional Smoker (c) Non-Smoker

I prefer my living space to be:

(a) Clean (b) Slightly Messy (c) Messy

☐ **I have already found off-campus housing.**

Please provide the address where you will be staying:

☐ **I will find off-campus housing when I arrive.**

Below are photos of Royal Crest Apartments for on-campus housing. Apartments are furnished with a bed, desk, desk chair, dresser, closet space, and the school provides a couch, kitchen table and chairs. All other furniture in the photos are for display purposes only.

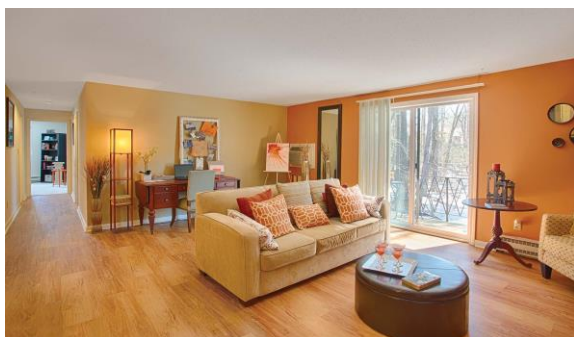


Exhibit A - Occupancy Application

APPLICANT

Full Name (Last)_____ (First)_____ (MI)_____ Date of Birth_____

Home Phone Number (____)_____ Cell Phone Number (____)_____ Work Phone Number (____)_____

Area Code

Area Code

Area Code

E-mail Address _____ Social Security Number _____

Proof of Identification: Type _____ Identification Number _____
(Examples: Driver's License, Passport, etc.)

RESIDENCY INFORMATION

Present Address: _____ Apt # _____

City _____ State _____ Zip _____

EMPLOYMENT INFORMATION

Current Employer:

Name _____ Address _____

City _____ State _____ Zip _____ Phone (____) _____

Area Code

Employment Date: From _____ / _____ To _____ / _____ Title _____

Month/Year

Month/Year

Supervisor Name _____ Phone (____) _____

Relative/Emergency Contact: _____

Area Code

Name _____ Relationship _____

Home Phone Number (____)_____ Work Phone Number (____)_____ E-mail Address _____

Area Code

Area Code

Address _____ City _____ State _____ Zip _____

| VEHICLES: | Make | Model | Color | License # | State | Year |
|-----------|------|-------|-------|-----------|-------|------|
|-----------|------|-------|-------|-----------|-------|------|

NOTE: Keeping of pet or animal requires consent of management, payment of applicable fees/deposits, and execution of Pet/Animal Addendum. In specific circumstances, certain animals may be kept for limited purposes pursuant to Landlord's policies, such as animals used for individuals with disabilities and official police dogs. For further details, please refer to Landlord's pet and community policies.

Disclosures

The Civil Rights Act of 1968, as amended by the Fair Housing Act Amendments of 1988, prohibits discrimination in housing based on race, color, national origin, religion, sex, handicap, or familial status. The management of this property is committed to complying with the letter and spirit of the laws which provide an equal housing opportunity to all. The federal agency which administers compliance with the fair housing laws is the United States Department of Housing and Urban Development.

Any unanswered "yes" or "no" question shall result in the denial of your application.

Have you or any member of your household ever been convicted of or pled guilty or "no contest" to any felony? ____ Yes ____ No

Have you or any member of your household ever been convicted of or pled guilty or "no contest" to a sexual offense? ____ Yes ____ No

Have you or any member of your household ever been listed on a registry of sexual offenders? ____ Yes ____ No

Have you or any member of your household ever been convicted of or pled guilty or "no contest" to any drug-related criminal offense?
____ Yes ____ No

Are you or any member of your household a Specially Designated National or other Blocked Person designated by the United States government as a person who commits or supports terrorism or is involved in international narcotics trafficking? ____ Yes ____ No

If yes to any of the above questions, please explain, providing the location, date and nature of the offense:

I have read the foregoing, certify that the information herein is TRUE and CORRECT, that this application is submitted for the purpose of inducing approval of this application on my behalf.

By signing this application, I authorize Landlord or agent for Landlord to verify any information contained herein. Any "yes" response to the personal and criminal history questions above, or any false statement on the application, will lead to the rejection of my application and/or immediate termination of my lease. Further, if I subsequently am involved in conduct which would result in a "yes" response to any of the questions set forth above (even after I sign the lease and take possession of the apartment home), I understand that Landlord may terminate the Lease.

Signature _____ Print Name _____ Date _____

Management Representative Signature _____ Date _____

FOR COMMUNITY ADMINISTRATIVE PURPOSES:

Community # **042391** Community Name: **Royal Crest Estates** Date _____

Address: **50 Royal Crest Drive, North Andover, MA 01845** Unit # _____

☐ **Consent to Consumer Report and Background Check**

This is to inform applicant that, as part of Landlord's procedure for processing applicant's application, an Investigative Consumer Report may be prepared whereby information is obtained through personal interviews with applicant's landlord, employer, or others with whom applicant is acquainted. This also is to inform applicant that, as also set forth in the lease applicant will execute if applicant's application is approved by Landlord, similar Investigative Consumer Reports may be prepared in the future after applicant has executed the lease and become a resident or has vacated the property which is the subject of this agreement. These inquiries include information as to applicant's character, general reputation, personal characteristics, mode of living and credit report. The federal Fair Credit Reporting Act requires Landlord to provide to applicant additional information about the nature and scope of the investigation if applicant provides Landlord with a written request within a reasonable time. Landlord has attached a summary of applicant's rights under the Fair Credit Reporting Act.

I, _____, the undersigned applicant authorize Royal Crest Estates, or its agent, attorney or assign to order and review one or more consumer reports relating to me (including, but not limited to, credit history, rental history (including with other properties owned by property owners affiliated with Landlord), and criminal history). I further authorize Royal Crest Estates, its agent, attorney or assign to order or prepare, and review, investigative consumer reports relating to me. I understand and authorize Royal Crest Estates, its agent, attorney or assign to continue to obtain or prepare consumer reports and investigative consumer reports on me both during the duration of any lease or agreement I may enter into as a result of this application and at any time thereafter, including for the purposes of collection of amounts I may owe under any lease or other agreement. I further authorize and direct all employers, financial institutions, banks, creditors, residential managers/landlords to release any and all information relating to me to Royal Crest Estates or its agent, attorney or assign. I acknowledge that I have received a summary of my rights under the Fair Credit Reporting Act.

I further understand and authorize Royal Crest Estates to obtain and use consumer report information relating to me (including, but not limited to, a credit score) for the purpose of conducting research into statistical credit models and evaluating the performance of various scoring models and sources of consumer reporting information, including, but not limited to, criminal conviction and skip tracing/eviction databases.

Signature_____ Print Name_____

SSN_____ Date_____

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you -- such as if you pay your bills on time or have filed bankruptcy -- to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (*<http://www.ftc.gov>*). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you -- such as denying an application for credit, insurance, or employment -- must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs -- to which it has provided the data -- of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell anyone -- such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

| FOR QUESTIONS OR CONCERNS REGARDING: | PLEASE CONTACT: |
|---|--|
| CRAs, creditors and others not listed below | Federal Trade Commission Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4367 (Toll-Free) |
| National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name) | Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743 |
| Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks) | Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693 |
| Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name) | Office of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-6929 |
| Federal credit unions (words "Federal Credit Union" appear in institution's name) | National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360 |
| State-chartered banks that are not members of the Federal Reserve System | Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 800-934-FDIC |
| Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission | Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306 |
| Activities subject to the Packers and Stockyards Act, 1921 | Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051 |

Arrival Form

Student Name

(Given Name)

(Family Name)

Arrival Date

(Day)

(Month)

I will arrive by

[Car]

[Plane]

[Train]

[Bus]

If Plane

Airline*

Flight Number*

*Required

Merrimack offers free transportation from Boston-Logan Airport to campus

Please refer to the "Key Dates" section of this guide for your Arrival Date.

Will you be taking the free transportation?

[Yes]

[No]

Transportation is for Merrimack students only

Please confirm your seat with the school before departure

Students arriving early, late, or at different airports must coordinate their own travel

Merrimack will hold a school banner in the arrival terminal

Health Forms

Hamel Health and Counseling Center
Merrimack College
Required Health Information Check List

GRADUATE STUDENTS
2016 – 2017

All Full Time Domestic Students (8 or more credits), and ALL Health Science and ALL International students

MUST complete and submit these forms

ALL FORMS ARE DUE ONE MONTH PRIOR TO THE START OF YOUR FIRST SEMESTER

(If you attended Merrimack College as an undergraduate student you must resubmit your forms)

YOUR CLASS REGISTRATION WILL BE PUT ON HOLD IF THESE FORMS ARE NOT SUBMITTED AND COMPLETE

Take FORMS 1-3 to your health care provider to review and/or complete:

- ☐ **1. Required Immunization Form** Massachusetts state law requires that all full time college students in Massachusetts receive the required immunizations listed on this form, *regardless of the requirements of your state or country.*

Your health care provider must complete this form.

You MUST have any needed vaccinations PRIOR to arriving on campus

- ☐ **2. Tuberculosis Risk Questionnaire (2 pages)** Complete this form and have your health

Care provider review this form with you.

If you answered “YES” to any question on the questionnaire, you are required to have further

evaluation by your health care provider, as explained on page 2 of this form.

- ☐ **3. Personal and Family Health History Form** Complete this form and bring it to your health care provider to review.

- ☐ **4. Personal Information and Consent for Treatment Form**

- ☐ **5. Meningococcal Waiver Form** If you choose not to receive the meningococcal vaccine, you must read and sign the waiver.

- ☐ **Health Insurance Card** please submit a copy of both sides of your health insurance card. Questions regarding health insurance should be directed to the Bursar's Office at 978-837-

5105.

Mail to: Hamel Health and Counseling Center
Merrimack College
315 Turnpike Street
North Andover, MA 01845

OR

Fax To: 978-837-5209

naadmissions@studygroup.com

IMPORTANT STUDENT ATHLETE INFORMATION: Student athletes must complete these forms in addition to any athletic forms.

PLEASE MAKE A COPY FOR YOURSELF AND RETURN ALL FORMS TO HAMEL HEALTH AND COUNSELING CENTER.

MERRIMACK COLLEGE Immunization Record

Name of Student _____

Date of Birth _____

The health care provider must complete this Immunization Record OR attach a copy of the student's immunization record on office stationery.

In accordance with Massachusetts state law, Merrimack College requires all students enrolled in 9 or more credits in a semester and all international students and Health Science majors regardless of credit load, to submit documentation of the following required immunizations or proof of immunity to Hamel Health and Counseling Center.

| Required Immunizations | |
|---|---|
| Hepatitis B - 3 Part Series <input type="checkbox"/> 3 doses required OR Hepatitis B - 2 Part Series (for ages 11-15 yrs only (1.0cc)) <input type="checkbox"/> 2 doses required OR <input type="checkbox"/> Hepatitis B Titer (Serology) <input type="checkbox"/> Attach lab documentation of immunity | <u>3-Dose Series</u> Month/Day/Year Dose 1 _____/_____/_____ Dose2 (1 month after 1 st Dose) _____/_____/_____ Dose 3 (4-6 months after 1 st Dose) _____/_____/_____ OR <u>2-Dose Series</u> (@ age 11-15) Dose 1 _____/_____/_____ Dose2 (4-6 months after 1 st Dose) _____/_____/_____ OR <input type="checkbox"/> Attach lab documentation of immunity |
| Tetanus-Diphtheria and Pertussis (Tdap) <input type="checkbox"/> 1 dose of Tdap Within the past 10 years | Month/Day/ Year _____/_____/_____ |
| Measles, Mumps, and Rubella (MMR) <input type="checkbox"/> 2 doses of MMR OR <input type="checkbox"/> Positive Measles, Mumps, and Rubella Titer (Serology) accepted <input type="checkbox"/> Attach lab documentation of Positive Titers | Month/Day/Year <u>2-Dose Series</u> MMR Dose 1 _____/_____/_____ MMR Dose 2 (1 month after 1 st Dose) _____/_____/_____ OR <input type="checkbox"/> Attach lab documentation of Positive Titers |
| Meningococcal Meningitis Within the past 5 years Residential students: Required Commuter students: Recommended OR <input type="checkbox"/> Attach signed waiver (see form 6) | Month/Day/Year _____/_____/_____ _____/_____/_____ OR <input type="checkbox"/> Signed waiver is attached (see form 6) |
| Varicella (Chicken Pox) <input type="checkbox"/> 2 doses of Varicella required OR <input type="checkbox"/> History of disease documented by Health Professional OR <input type="checkbox"/> Positive Varicella Titer (Serology) accepted <input type="checkbox"/> Attach lab documentation of Positive Titers | Month/Day/Year <u>2-Dose Series</u> Dose 1 _____/_____/_____ Dose2 (1 month after 1 st Dose) _____/_____/_____ OR History of Varicella Disease _____/_____/_____ OR <input type="checkbox"/> Attach lab documentation of Positive Titers |

Please return to:

Merrimack College

(Print)

Hamel Health and Counseling Center

315 Turnpike Street

Signature _____

North Andover, MA 01845

Phone: (978) 837-5441

Address _____

Fax: (978) 837-5209

hamelhealthcenter@merrimack.edu

Number _____

Health Care Provider's Name _____Provider's _____Date _____

The only exceptions to obtaining these vaccinations are Religious and/or Medical Exemptions.

For a Medical Exemption, we must receive a letter from a physician stating that there is a medical reason why the student cannot receive each vaccination.

For a Religious Exemption, we must receive a written statement by the student (or legal guardian) that such vaccinations are against his/her sincere religious beliefs.

In both cases, the student may be excluded from the campus in the event of an outbreak of a communicable disease for which he or she has not been immunized.

Hamel Health and Counseling Center

**Hamel Health and Counseling Center
Merrimack College
Tuberculosis Testing Questionnaire Form**

Student Name: _____ **DOB:** _____

If the answer is "YES" to any question on this page or if the student has a history of a previously positive PPD page 2 of this form must be completed.

Please answer the following questions:

1. Have you ever had a positive TB skin test? ☐ Yes ☐ No
 2. Have you ever had close contact with anyone who was sick with TB? ☐ Yes ☐ No
 3. Were you born in one of the countries listed below **AND** arrived in the US in the past 5 years? ☐ Yes ☐ No
 4. Have you ever traveled or lived for more than a month in one or more of the countries listed below? ☐ Yes ☐ No
- If yes, please CIRCLE the country below.

The significance of travel exposure must be discussed with a health care provider and evaluated.

| | | | | |
|---|--|--|---|---|
| Afghanistan Albania Algeria Angola Anguilla Argentina Armenia Azerbaijan Bahrain Bangladesh Belarus Belize Benin Bhutan Bolivia (Plurinational State of) Bosnia and Herzegovina Botswana Brazil Brunei Darussalam Bulgaria Burkina Faso Burundi Cambodia Cameroon Cape Verde Central African Republic Chad China Colombia Comoros Congo | Côte d'Ivoire Democratic People's Republic of Korea Democratic Republic of the Congo Djibouti Dominican Republic Ecuador El Salvador Equatorial Guinea Eritrea Estonia Ethiopia French Polynesia Fiji Gabon Gambia Georgia Ghana Guam Guatemala Guinea Guinea-Bissau Guyana Haiti Honduras India Indonesia Iran Iraq Japan | Kazakhstan Kenya Kiribati Kuwait Kyrgyzstan Lao People's Democratic Republic Latvia Lesotho Liberia Libyan Arab Jamahiriya Lithuania Madagascar Macedonia Malawi Malaysia Maldives Mali Marshall Islands Mauritania Mauritius Micronesia (Federated States of) Mongolia Morocco Mozambique Myanmar Namibia Nauru Nepal Netherlands Antilles New Caledonia | Nicaragua Niger Nigeria Niue Northern Mariana Island Pakistan Palau Panama Papua New Guinea Paraguay Peru Philippines Poland Portugal Qatar Republic of Korea Republic of Moldova Romania Russian Federation Rwanda Saint Vincent and the Grenadines Sao Tome and Principe Senegal Serbia Seychelles Sierra Leone Singapore Solomon Islands Somalia South Africa South Sudan Sri Lanka | Sudan Suriname Swaziland Syrian Arab Republic Taiwan Tajikistan Thailand Timor-Leste Togo Trinidad and Tobago Tunisia Turkey Turkmenistan Tuvalu Uganda Ukraine United Republic of Tanzania Uruguay Uzbekistan Vanuatu Venezuela (Bolivarian Republic of) Viet Nam Wallis and Futuna Islands Yemen Zambia Zimbabwe |
|---|--|--|---|---|

Signature: _____ **Date:** _____

Hamel Health and Counseling Center
Merrimack College
Tuberculin Testing Questionnaire Form
Health Care Provider Documentation

Student Name: _____ DOB: _____

If the student answered "Yes" to any question on Page 1 or if the student has a history of a previously positive PPD, the following form must be completed.

Part A:

For those students answering "YES" to any question on Page 1 of this form, a PPD (Tuberculin skin test) or Interferon Gamma Release Assay (blood test) is required. Tests cannot be done more than **6 MONTHS** before arriving at Merrimack College.

Students having a history of BCG vaccination who answered "yes" to any question on Page 1 are required to have an interferon Gamma Release Assay Test, NOT a PPD (Tuberculin skin test). If you do not have access to an interferon Gamma release assay test you will need to make arrangements to have this test upon your arrival on campus.

If the student has previously had a positive PPD test, Complete Parts B and C.

PPD Test Option:

Date PPD Given: _____ Date Read: _____

Reading: _____mm Interpretation: Positive* _____ Negative _____

Interferon Gamma Release Assay Option: T-Spot or TB Gold (Attach/submit official lab report or the test will be repeated).

Positive* _____ Negative _____ Indeterminate* _____

Part B:

***If the PPD test is positive now or in the past, a Chest X-Ray is required.**

***If the Interferon Gamma Release Assay is Positive or Indeterminate, a Chest X-Ray is required.**

**Chest X-Ray: Date: _____ Result: Normal _____ Abnormal _____
(Chest X-Ray Report must be attached/submitted or the chest x-ray will be repeated)**

Part C:

Clinical Evaluation: Normal _____ Abnormal _____

Describe: _____

Treatment: Yes _____ No _____ Drug/Dose/Dates: _____

Health Care Provider's Name: _____ Health Care Provider's Signature _____

Date: _____. **(Please note: If this section is completed and you did not receive treatment, you will be required to be reevaluated here. This will be arranged by Hamel Health)**

FORM 3

Hamel Health and Counseling Center
Merrimack College
Confidential Personal and Family Health History Form

Student Name: _____ **DOB:** _____ **Student ID** _____

Do you have any allergies: medications, foods, or others? Yes _____ No _____

If “Yes,” please list allergies: _____

Have you ever been prescribed an EPI- Pen (adrenalin)? Yes _____ No _____

Do you take any medications? Yes _____ No _____

If “Yes”, please list medications: _____

PERSONAL HISTORY - PLEASE ANSWER ALL QUESTIONS - GIVE AGE OR DATE ON ALL POSITIVE ANSWERS

| Have you had | Dates | Yes | No | Have you had | Dates | Yes | No | Have you had | Dates | Yes | No |
|-----------------------------------|-------|-----|----|-----------------------------------|-------|-----|----|-------------------------------|-------|-----|----|
| Alcoholism/Drug use | | | | Fractures | | | | Rheumatic Fever/Scarlet Fever | | | |
| Anemia | | | | Gallbladder Disease/Liver Disease | | | | Seizures | | | |
| Anorexia/Bulimia/Eating Disorder | | | | Headaches | | | | Sexually Transmitted Disease | | | |
| Anxiety | | | | Gum/Dental Disease | | | | Sinus Infection-Recurrent | | | |
| Asthma | | | | Hayfever/Seasonal allergies | | | | Skin Disorders/Acne | | | |
| Attention Deficit Disorder | | | | Heart Disease or Murmurs | | | | Speech Disorders | | | |
| Back Problems | | | | Hepatitis/Jaundice | | | | Thyroid Disease | | | |
| Bronchitis Pneumonia | | | | Hernia | | | | Tonsillitis/Recurrent Strep | | | |
| Cancer | | | | High Blood Pressure | | | | Tuberculosis | | | |
| Chicken Pox- Disease Age ____ | | | | Joint Problems | | | | Ulcer | | | |
| Colitis/Crohn's | | | | Intestinal/Stomach Problems | | | | Urinary Tract Infections | | | |
| Concussion/Head Injury | | | | Kidney Disease or Infection | | | | Visual/Eye problems | | | |
| Depression | | | | Learning Disorder | | | | For Men: Testicular Concerns | | | |
| Diabetes | | | | Lyme Disease | | | | For Women: | | | |
| Ear Trouble/Hearing Loss | | | | Meningitis | | | | Severe PMS symptoms | | | |
| Emotional Concerns/Mental Illness | | | | Migraines | | | | Irregular Menses | | | |
| Ear, Nose or Throat conditions | | | | Mononucleosis | | | | Ammenorrhea | | | |
| Fainting | | | | | | | | Painful/Heavy Menses | | | |

Explain any significant “Yes” answers from above _____

Please provide details and dates of the following:

Chronic or serious illnesses? Yes _____ No _____ Please List: _____

Surgeries? Yes _____ No _____ Please list: _____

Injuries? Yes _____ No _____ Please list: _____

FAMILY HISTORY

| Have any of your relatives ever had any of the following? | Yes | No | Relationship | Have any of your relatives ever had any of the following? | Yes | No | Relationship |
|---|-----|----|--------------|---|-----|----|--------------|
| Alcoholism | | | | Gastrointestinal Disease | | | |
| Asthma | | | | Heart Disease | | | |
| Bleeding Disorders | | | | High Blood Pressure | | | |
| Cancer | | | | Kidney Disease | | | |
| Diabetes | | | | Rheumatoid Arthritis | | | |
| Epilepsy/Seizures | | | | Tuberculosis | | | |
| Emotional Concerns/Mental Illness | | | | | | | |

Parent/Mother's Age: _____ **or Age Deceased:** _____ **Parent/Father's Age:** _____ **or Age Deceased:** _____

Do you smoke? Yes _____ No _____ How many cigarettes a day? _____

Do you drink alcohol? Yes _____ No _____ How often? _____ Amount? _____/week

Do you exercise? Yes _____ No _____ What type? _____ How often?

Do you follow any special diet? Yes _____ No _____

Are you concerned about your eating patterns? Yes _____ No _____ Your weight? Yes _____ No _____

Will you require specific assistance or modifications at college due to a medical condition or disability?

Yes _____ No _____ Please specify: _____

Have you ever been treated for depression, anxiety or other emotional problems? Yes _____ No _____

Are you presently under treatment for any medical or psychological problem? Yes _____ No _____

Describe _____

Student's Signature: _____ **Date:** _____

**Hamel Health and Counseling Center
Merrimack College**

Health Services Information and Guidelines:

All health services are completely confidential. The information that you share with your provider, whether written or verbal, will not be shared with anyone outside of Hamel Health except under very specific circumstances detailed below. Parents, faculty, or staff have no right to any information about your appointments, including that you are being seen here at all. Should you wish for your provider to speak with someone outside of Hamel Health and Counseling, we would do so only when you have signed a release of information form, and you have discussed the nature and purpose of the requested contact with your provider.

There are three (3) circumstances in which a provider is legally and ethically bound to break confidentiality and take responsible action. (1) when there is imminent danger or potential for serious harm to yourself or others; (2) when there is reason to believe that there is ongoing abuse of a child, elder, or disabled person; and (3) under a court order where a court requires the provider to produce records of your care and/or to appear in court.

Additionally, if you are being treated in Hamel Health and Counseling Center for a medical condition that is related to your work in counseling, Hamel medical and counseling staff may consult with each other to ensure you are receiving the best standard of care and treatment.

Finally, Hamel Health and Counseling Center maintains an electronic health record of your treatment which is stored on a secure system separate from the College system and does not become a part of your academic record. Electronic records are destroyed after 7 years. Statistics on all Hamel Health and Counseling Center clients are aggregated with no identifying information and used for periodic reports without any confidential or identifying information included.

Electronic Communication:

Email is not considered a secure form of communication and therefore confidentiality of emails cannot be ensured. However, you may wish to communicate with Hamel staff via email, and with your permission, Hamel staff can use email to contact you regarding scheduling or other non-urgent concerns. Email will not be used by Hamel staff to communicate clinical information and should not be used to convey urgent matters that need an immediate response. If you are ever in need of immediate assistance, please call our office or Police Services. It is important to note that any communication that occurs via email may be considered part of your health and counseling record. Please indicate your preference regarding email communication with Hamel Health and Counseling:

Consent for Treatment

I consent to medical treatment by Merrimack College Hamel Health and Counseling Center staff and consulting physicians, while I am enrolled at Merrimack College. I understand that there is no charge to be examined by a provider at Hamel Health Services. However, I also understand that I and/or my insurance plan may incur charges for additional medical services including but not limited to lab tests, radiology tests, prescription medications, ambulance transportation and outside medical providers.

Student Name: _____

Student's Signature: _____

Date: _____

To be signed by a parent or legal guardian for students who will be under 18 years of age upon arrival on campus:

This is to certify that I (parent or guardian), _____ give my permission for emergency care/surgery in the event that I cannot be reached and for medical treatment of illnesses and injuries for _____
(Student's Full Name)

SIGNATURE PARENT () GUARDIAN ()

DATE: _____

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

Revised legislation in Massachusetts now requires all newly enrolled full-time students attending a secondary school (e.g., boarding schools) or postsecondary institution (e.g., colleges) who will be living in a dormitory or other congregate housing licensed or approved by the secondary school or institution to:

1. receive meningococcal vaccine; or
2. fall within one of the exemptions in the law, which are discussed on the reverse side of this sheet.

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 US, about 1,000-3,000 people get meningococcal disease each year and 10-15% die despite receiving antibiotic treatment. Of those who live, another 11-19% lose their arms or legs, become deaf, have problems with their nervous systems, become mentally retarded, or suffer seizures or strokes.

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, sharing water bottles, sharing eating/drinking utensils or sharing cigarettes with someone who is infected; or being within 3-6 feet of someone who is infected and is coughing or sneezing.

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 and meningococcal conjugate vaccine is approved for use in those 2-55 years of age. 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 either vaccine. Protection 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. 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.

A few cases of Guillain-Barré syndrome (GBS), a rare but serious nervous system disorder, have been reported among people who received meningococcal conjugate vaccine. This information is still being evaluated by health officials. An ongoing risk of serious meningococcal disease exists. At this time, experts continue to recommend vaccination for those at increased risk of acquiring meningococcal disease. However, persons who have had GBS should generally not receive meningococcal conjugate vaccine, and should talk to their doctor about their other options for vaccination.

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

Massachusetts law (MGL Ch. 76, s.15D) requires newly enrolled full-time students attending a secondary school (those schools with grades 9-12) or postsecondary institution (e.g., colleges) who will be living in a dormitory or other congregate housing licensed or approved by the secondary school or institution to receive meningococcal vaccine. At affected secondary schools, the requirements apply to all new full-time residential students, regardless of grade (including grades pre-K through 8) and year of study. All students covered by the regulations must provide documentation of having received a dose of meningococcal polysaccharide vaccine within the last 5 years (or a dose of meningococcal conjugate vaccine at any time in the past), unless they qualify for one of the exemptions allowed by the law. Whenever possible, immunizations should be obtained prior to enrollment or registration. However, students may be enrolled or registered provided that the required immunizations are obtained within 30 days of registration.

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 elected to decline the vaccine.

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/imm and <http://www.mass.gov/epi>
- 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 newly enrolled full-time students at secondary schools, colleges and universities who are living in a dormitory or congregate living arrangement licensed or approved by the secondary school or postsecondary institution 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.

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

Student Name: _____ Date of Birth: _____

Student ID: _____

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

Provided by: Massachusetts Department of Public Health / Division of Epidemiology and Immunization /

617-983-6800

MDPH Meningococcal Information and Waiver Form