

# **J-1 International Student Application Guide**

**Non Degree Short-term Study at Brooklyn  
College**

Dear Student:

Brooklyn College welcomes students from around the world. Students come to Brooklyn College because of our reputation for offering the very best education in the best city in the world. We have laid out this Application Guide to help the prospective international student navigate the process.

Please review the following steps to completing the visiting application and the DS-2019 application:

- **Non-Degree application:** Student must complete Brooklyn College's J-1 student visitor application to attend Brooklyn College as a visiting student.
- **DS-2019 Application:** Student must complete the Student Exchange Visitors Application Form for the DS-2019.
- **Financial Documents:** Students must submit bank statements from their sponsors and/or letters from their university guaranteeing coverage of their tuition and fees and/ or exchange agreement between Brooklyn College and their university.
- **Home institution acknowledgement:** Students must submit a letter on official letterhead from their home institution acknowledging that the student will be participating in a study abroad program at Brooklyn College.
- **Passport Biographical Page**
- **Medical Insurance Attestation:** J-1 students must have medical insurance. Please read and sign the attached attestation. Once students arrive to Brooklyn College, they must provide proof of their insurance policy
- **Orientation Requirement:** All students on a J-1 Visa must attend a mandatory orientation about their J-1 status. Please read and sign the Orientation Requirement form.
- **Embassy Appointment:** After receiving the DS-2019 and letter of acceptance letter from Brooklyn College the student needs to pay the SEVIS Fee (\$180) and make an appointment with the U.S. embassy to obtain their J-1 visa.
- **Immunization Record:** New York State requires all enrolling students to provide documentation proving immunity to measles, mumps, and rubella. Please have your health professional complete the Student Immunization Form.

Please submit these documents to the Office of International Student and Scholar Services  
[keishasimon@brooklyn.cuny.edu](mailto:keishasimon@brooklyn.cuny.edu) or [iss@brooklyn.cuny.edu](mailto:iss@brooklyn.cuny.edu).



## -- International J-I Student Visitor--

### INFORMATION

Semester Applying for:

(please print neatly)

☐ FALL ☐ SPRING ☐ SUMMER

YEAR\_\_\_\_\_

Sex: ☐ Male ☐ Female

Date of Birth\_\_\_\_\_

Month/Date/Year

Last Name\_\_\_\_\_

First Name\_\_\_\_\_

Middle Name\_\_\_\_\_

### HOME ADDRESS

House Number and Street Name\_\_\_\_\_

Apartment #\_\_\_\_\_

City\_\_\_\_\_

State/Province\_\_\_\_\_

Postal Code\_\_\_\_\_

Country\_\_\_\_\_

Length of time at the above address (Months and Years)?\_\_\_\_\_

Telephone Number(s)\_\_\_\_\_

Evening\_\_\_\_\_ Day\_\_\_\_\_

Email Address:\_\_\_\_\_

Are you a United States Citizen? ☐ Yes ☐ No

(If No, then please complete the DS-2019 Application)

Country of Birth\_\_\_\_\_

Country of Citizenship\_\_\_\_\_

### INSTITUTIONAL INFORMATION

Are you currently a student at a college, university, or institution of higher education outside the United States? ☐ Yes ☐ No

What is the name of your home institution of higher education, college, or university? \_\_\_\_\_

Who is the contact person at your home institution? Name: \_\_\_\_\_ Email: \_\_\_\_\_

Will the credits you earn at Brooklyn College count toward or be transferred to your degree at your home institutions? \_\_\_\_\_

What is your major or focus of study? \_\_\_\_\_

Brooklyn College does not discriminate on the basis of age, sex, race, creed, national origin, physical or mental disability, sexual orientation, marital status, veteran's status, and alienage or citizenship status.



Office of International Student and Scholar Services  
West Quad 235  
Phone: 718-951-4477  
Fax: 718 -951-4287  
Email: iss@brooklyn.cuny.edu  
Web: www.brooklyn.cuny.edu

EDUCATIONAL HISTORY

High School(s) Attended

School Name

Address

Date Entered

Date Left

Graduation Date

Universities, Colleges or Other Post-Secondary Schools Attended

School Name

Address

Date Entered

Date Left

Graduation Date

School Name

Address

Date Entered

Date Left

Graduation Date

Course(s) of Interest

I hereby certify that all the information given in this application is accurate and complete. I understand that all the information contained in this application will be treated confidentially and used for institutional purposes only. I realize that failure to provide complete and accurate information may affect my admission. I understand that my application will not be considered until all the necessary documents are received by the Office of Admissions.

Signature of Applicant

Date

For Internal Use Only:

Date Documents Received:			Comments:
Student Type:	<input type="checkbox"/> Exchange student	<input type="checkbox"/> Visiting Student	
Status	<input type="checkbox"/> Accepted	<input type="checkbox"/> Denied	
Date Sent to ISS			

Brooklyn College does not discriminate on the basis of age, sex, race, creed, national origin, physical or mental disability, sexual orientation, marital status, veteran’s status, and alienage or citizenship status.

## **DS-2019 Student Exchange Visitor Application**

The information requested on this form is required for issuance of the Certificate of Eligibility (DS-2019) form. The DS-2019 form is needed in order to obtain the J-1 Exchange Visitor's Visa and to maintain J-1 Immigration Status. **Email this form and attachments to: [iss@brooklyn.cuny.edu](mailto:iss@brooklyn.cuny.edu) or mail original documents and attachments to: Office of International Student and Scholar Services, Rm 235 West Quad, Brooklyn College, 2900 Bedford Ave, New York, NY 11210.**

### **Background Information**

1. Last Name (as it appears in your passport) \_\_\_\_\_

2. First Name (as it appears in your passport) \_\_\_\_\_

3. Date of Birth (month/date/year) \_\_\_\_\_ ☐ Male ☐ Female

4. City & Country of Birth \_\_\_\_\_

5. Country of Citizenship \_\_\_\_\_ Country of Permanent Residence \_\_\_\_\_

6. Mailing Address \_\_\_\_\_  
\_\_\_\_\_

7. Permanent Overseas Address \_\_\_\_\_  
\_\_\_\_\_

8. Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

9. Email Address \_\_\_\_\_

10. Name of U.S. Contact Person \_\_\_\_\_

11. U.S. Contact Person's Address \_\_\_\_\_

12. U.S. Contact's Home Phone # \_\_\_\_\_ Cell Phone# \_\_\_\_\_

13. U.S. Contact's Fax # \_\_\_\_\_ Email \_\_\_\_\_

### **Brooklyn College Information**

14. Name of home University \_\_\_\_\_

15. Academic Program Admitted To: Bachelor's Degree \_\_\_\_\_ Master's Degree \_\_\_\_\_

Non-Degree \_\_\_\_\_ Certificate \_\_\_\_\_ English Language \_\_\_\_\_

16. Length of Enrollment: Beginning Date \_\_\_\_\_ Ending Date \_\_\_\_\_

17. Field of Study \_\_\_\_\_ Other Proposed Activities \_\_\_\_\_

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### Declaration of Finances

Please submit the Financial Support/Declaration of Finances form below. These forms are needed to determine DS-2019 eligibility.

### Visa & Immigration Information

18. Have you been in J-1 visa/immigration status for more than 6 of the last 12 months? ☐ Yes ☐ No If yes, list the institution that issued your last DS-2019 form \_\_\_\_\_ Attach copies of previous DS-2019 and J-1 visa stamp.

19. Attach a copy of your passport; include pages that show your passport number, photo, name, country of birth, birth date, expiration date and U.S. visa stamps.

20. Will your spouse and/or children be accompanying you? \_\_\_\_\_ If yes, they will need the J-2 dependent visa & immigration status. Please complete the information below for spouse and children accompanying you. Please use the back of this page for additional dependents. Also attaches copies of each dependents passport and U.S. visa stamps.

Spouse Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Spouse Date of Birth: \_\_\_\_\_ Country of Birth \_\_\_\_\_

Country of Legal Permanent Resident: \_\_\_\_\_

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Child Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Child Date of Birth: \_\_\_\_\_ Country of Birth \_\_\_\_\_

Country of Legal Permanent Resident: \_\_\_\_\_

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21. The U.S. Department of State requires all J-1 and J-2 Exchange Visitors to obtain and maintain medical insurance during their U.S. stay. Please complete and return the J-1 Medical Insurance Requirement form below.

**DECLARATION & CERTIFICATION OF FINANCES**

- ☐ Undergraduate Non-Degree: Total amount for ONE YEAR provided from all sources should be equivalent to **\$6: .66: .**  
Tuition & Fees: **\$42.884** \* Living Expenses: \$27,786 (\*Exchange students are exempt from the tuition.)
- ☐ Graduate Non-Degree: Total amount for ONE YEAR provided from all sources should be equivalent to **\$64.34; 02**  
Tuition & Fees: **\$36.56502**\* Living Expenses: **\$49.9: 8** (\*Exchange students are exempt from the tuition.)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ CUNY College: \_\_\_\_\_

Current Address: \_\_\_\_\_

Phone#: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Self-Sponsored Support:** Attach bank statement(s) in English.

Annual Amount For: Housing \$ \_\_\_\_\_ Living Expenses \$ \_\_\_\_\_

**Family/Friend Sponsored Support:** Each sponsor must submit an Affidavit of Support Form. **Attach** document showing current address, phone # & email address; bank statement, & proof of income for each sponsor (e.g. tax return, paycheck stub, employer letter on company letterhead-include title, salary & number years worked.)

Name: \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Annual Amount Given For: Housing \$ \_\_\_\_\_ Living Expenses \$ \_\_\_\_\_ Check one of the following boxes. I am providing room only in my home ☐ I am providing room and meals in my home ☐.

Name: \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Annual Amount Given For: Housing \$ \_\_\_\_\_ Living Expenses \$ \_\_\_\_\_ Check one of the following boxes. I am providing room only in my home ☐ I am providing room and meals in my home ☐.

**Government Sponsored Support:**

**Attach** award letter indicating coverage of the following: annual tuition; fees; insurance; book stipend; living expense stipend.

**Annual Amount Awarded:**

\$ \_\_\_\_\_

**University/Organization Sponsored Support:** **Attach** an official letter of support indicating amounts awarded for tuition, housing, insurance, books/supplies, meals, transportation, and any other living expenses.

Name: \_\_\_\_\_

Type: \_\_\_\_\_ **Annual Amount Awarded:** \_\_\_\_\_

**AFFIDAVIT OF SUPPORT**

This form is for individuals using their own income and/or savings to support a student. It must be completed by the person who will provide the student with full or partial financial support and/or room and board during the student's course of study at Brooklyn College.

**SPONSORS PROVIDING FINANCIAL SUPPORT MUST COMPLETE ITEMS 1-6. SPONSORS PROVIDING ROOM AND/OR BOARD MUST COMPLETE ITEMS 1 AND 7.**

**SPONSOR INFORMATION**

1) I, \_\_\_\_\_, citizen of, \_\_\_\_\_  
(Name of sponsor) (Country)  
and residing at \_\_\_\_\_  
(Street) (City/State) (Country) (Postal code) (Telephone)

certify the following:

2) I am employed with \_\_\_\_\_  
(Name of employer)  
Located at \_\_\_\_\_  
(Street) (City/State) (Country) (Postal code) (Telephone)

I receive an annual income of \$ \_\_\_\_\_ (U.S.) from this employment.  
(Attach a current salary confirmation statement written by that employer, or verification of annual income for self-employed or retired individuals. The employer statement or verification of annual income must be written in English or come with a certified translation.)

3) I have \$ \_\_\_\_\_ (U.S.) on deposit with  
Name of Bank: \_\_\_\_\_  
Address of Bank: \_\_\_\_\_  
(Number and street) (City) (State) (Zip code)

**Attach bank officer's statement of account history.**

4a) I currently support \_\_\_\_\_ persons (including myself). Our total annual income is \$ \_\_\_\_\_ (U.S.).

Our total family expenses are \$ \_\_\_\_\_ (U.S.)

4b) I sponsor \_\_\_\_\_ (number) individuals for immigration in addition to this affidavit.

**STUDENT SUPPORT INFORMATION**

5) This affidavit is executed on behalf of \_\_\_\_\_ who was born on \_\_\_\_\_. She/he is my \_\_\_\_\_  
(Name of student) (mm/dd/yyyy) (Relationship to Sponsor)

6) I hereby certify that I am willing, able and do commit to provide \_\_\_\_\_ with the annual amount of  
(Name of student)

\$ \_\_\_\_\_ (U.S.) for her/his tuition, fees and/or living expenses each year during the entire program of study at the City

University of New York until \_\_\_\_\_.  
(Date of sponsorship termination)



**ROOM AND BOARD SUPPORT INFORMATION**

(To be completed if student will live in the sponsor's home in the United States).

7) I hereby certify that I will provide \_\_\_\_\_  
(Name of student)

With (check one):

\_\_\_\_\_ Room only in my home at the address indicated above (valued at \$13,848)

\_\_\_\_\_ Full room and board (food) in my home as indicated above (valued at \$16,694) during each year that he/she follows a program of study at the City University of New York.

**(Note that this value cannot be included in any amount of support being provided in #6, above. Attach a copy of your lease or deed or copy of a statement from your landlord.)**

By signing my name to this affidavit, I certify that the information above is a correct statement of my agreement to sponsor the student herein named.

SIGNATURE (This affidavit must be signed.)

(Signature of sponsor) \_\_\_\_\_ (Date) \_\_\_\_\_

(Please print name) \_\_\_\_\_ (Date) \_\_\_\_\_

**SPONSOR SUPPORTING EVIDENCE**

A sponsor must show sufficient income and/or financial resources to assure that the student being sponsored will not become a public charge (receive federal or state low income benefits or services) while in the United States.

Only original documents from each source of financial support are acceptable. Failure to provide evidence of sufficient income and/or financial resources may result in the denial of the student's application for a visa or his or her removal from the United States.

**A SPONSOR MUST SUBMIT EVIDENCE OF INCOME & RESOURCES**  
**FINANCIAL DOCUMENTS CANNOT BE OLDER THAN 3 MONTHS**

**A.** Written statement from an officer of the bank or other financial institution where the sponsor has accounts, providing the following details regarding the account:

1) Date account opened 2) Total amount deposited for the past year 3) Present balance

**B.** Statement of your employer on business stationery showing:

1) Date and nature of employment 2) Salary paid 3) Whether the position is temporary or permanent

**C.** If you are self-employed please provide:

1) Copy of last income tax return filed or 2) Report of commercial rating concern 3) Schedule of assets with supporting

### **BUDGET ESTIMATES FOR J-1 STUDENTS**

The tuition and fees are set by the Board of Trustees of the City University of New York and are subject to change. The cost of living budget is for a 12-month period and is modest. Please be advised that “no extras” are in this budget. The budget does not include costs such as telephone calls, transportation to and from your country of origin, etc. It is highly recommended that you budget 10% more than what is estimated below.

#### **Undergraduate/Bachelor’s Visiting Student/ Non-Degree Budget Estimates (2015-16)**

BOOKS AND SUPPLIES	1,591
TRANSPORTATION (ex: unlimited NYC Metro card for subway/buses)	1,360
PERSONAL EXPENSES	5,611
HOUSING (Individual's cost based on average shared apartment)*	13,848
FOOD (at home)	2,846
LUNCH	1,530
INSURANCE	1,000
TUITION (\$840 per credit; 12 credits per semester)**	20,160
FEES (Student Activities Fee, Consolidated Fee, Technology Fee)**	502
<b>TOTAL ESTIMATE FOR ONE [ GCT ***</b>	<b>"\$6: .66:</b>

\*The amount allocated for housing expects that students are sharing housing space.

\*\*Tuition and Fees stated are based on the students taking at least 12 credits per semester. 12 credits is the minimum number of credits required to be a full-time student and are necessary to maintain lawful immigration status. (Estimates are subject to change).  
**Exchange students are exempt from this amount.**

\*\*\*Data sources from CUNY and US Bureau of Labor Statistics

#### **Graduate/ Master’s Visiting Student/ Non-Degree Budget Estimates (2015-16)**

BOOKS AND SUPPLIES	1,591
TRANSPORTATION (ex: unlimited NYC Metro card for subway/buses)	1,360
PERSONAL EXPENSES	5,611
HOUSING (Individual's cost based on average shared apartment)*	13,848
FOOD (at home)	2,846
LUNCH	1,530
INSURANCE	1,000
TUITION (\$780 per credit; 9 credits per semester)**	14,040
FEES (Student Activities Fee, Consolidated Fee, Technology Fee)**	303.50
<b>TOTAL ESTIMATE FOR ONE [ GCT ***</b>	<b>\$42,129.50</b>

\*The amount allocated for housing expects that students are sharing housing space.

\*\*Tuition and Fees stated are based on the students taking at least 9 credits per semester. 9 credits is the minimum number of credits required to be a full-time student and are necessary to maintain lawful immigration status. (Estimates are subject to change).  
**Exchange students are exempt from this amount.**

\*\*\*Data sources from CUNY and US Bureau of Labor Statistics

**INSURANCE REQUIREMENTS**

According to J-1 regulation 22 CFR 62.14(a), all students, scholars, and their J-2 dependents are required to have health insurance that meets Department Of State requirements. These insurance requirements set for the by DOS are as follows:

1. Major medical benefits must be at least \$100,000 for each accidental illness.
2. Repatriation benefit must be at least \$25,000.
3. Medical evacuation must be covered for at least \$50,000.
4. The deductible for each accident or illness may not exceed \$500.
5. Policy may not unreasonably exclude coverage for perils inherent to the activities of the exchange program.

I, \_\_\_\_\_ agree that I am/will be in compliance with the  
(print first name) (print last name)

insurance regulations as specified in 22 CFR section 62.14(a) of the exchange regulations, and I understand that it is my responsibility to maintain my status and continue health insurance coverage for myself and J-2 dependents for the duration of my J-1 program. I also understand that if I willfully fail to maintain this coverage, I will be in violation of my J-1 status.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### ORIENTATION REQUIREMENT

According to 22 CFR 62.10 (c) sponsors are responsible for the effective administration of their exchange visitor programs which includes *Orientation*. The regulation states that all sponsors shall offer appropriate orientation for all exchange visitors. Sponsors are encouraged to provide orientation for the exchange visitor's immediate family, especially those who are expected to be in the United States for more than one year. Orientation shall include, but not be limited to, information concerning:

1. Life and customs in the United States;
2. Local community resources (e.g., public transportation, medical centers, schools, libraries, recreation centers, and banks), to the extent possible;
3. Available health care, emergency assistance, and insurance coverage;
4. A description of the program in which the exchange visitor is participating;
5. Rules that the exchange visitors are required to follow under the sponsor's program;
6. Address of the sponsor and the name and telephone number of the responsible officer; and
7. Address and telephone number of the Exchange Visitor Program Services of the Department of State and a copy of the Exchange Visitor Program brochure outlining the regulations relevant to the exchange visitors.

I, \_\_\_\_\_ agree that I am/will be in compliance with the orientation requirements as specified in 22 CFR 62.10 (c) sponsors are responsible for the effective administration of their exchange visitor programs which includes *Orientation*. The regulation states that all sponsors shall offer appropriate orientation for all exchange visitors. Sponsors are encouraged to provide orientation for the exchange visitor's immediate family, especially those who are expected to be in the United States for more than one year.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If there are any questions regarding this form you may contact RO Keisha Simon in the Office of International Student and Scholar Services at 718-951-4477 or [KeishaSimon@Brooklyn.cuny.edu](mailto:KeishaSimon@Brooklyn.cuny.edu)

**Part I: Student Information** (To be completed by all students)

Name \_\_\_\_\_  
Last First Middle Initial

Street or postal address \_\_\_\_\_ Apartment no. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

Telephone(s) \_\_\_\_\_  
Day Evening/Other

Date of birth \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Month Day Year

Initial date of enrollment at Brooklyn College: Year \_\_\_\_\_ ☐ Fall ☐ Spring ☐ Summer  
☐ Undergraduate ☐ Graduate

☐ I was born before January 1, 1957, and have submitted proof of my birth date to the Registrar's Office.

**Part II: Student Immunization Record** (To be signed and stamped by health care provider)

**NOTE:** All vaccinations must be administered after student's first birthday to be valid.

**Measles:** Vaccination must be after 1967. Two doses are required. Second dose must be at least 28 days after first dose and after recipient is 15 months of age.

**Mumps and Rubella:** Vaccinations must be after 1968.

To prove immunity, verification that these vaccination requirements have been met must be provided.

Proof of immunity is provided by verifying vaccination **OR** serology for each disease, except where not allowed as shown by a shaded area in the table below.

	Measles	Mumps	Rubella	Combined MMR
Vaccination date Dose 1				
Vaccination date Dose 2*				
Serology date and results (Attach copy of lab report)				

\* If the student has not received a second dose of measles vaccine, please list the scheduled date for dose 2:

\_\_\_\_\_

**This form must be signed and stamped by a physician, nurse, or school official.**

I, \_\_\_\_\_, certify that the above information is correct.  
(physician, nurse, or school official)

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Telephone \_\_\_\_\_

Physician or School Stamp

Immunization Record

### ***Part III : Exemption from Immunization***

**NOTE:** If there is an outbreak of measles on campus, any student without proof of immunity (including students with medical and religious exemptions) will be excluded from campus for at least two weeks without tuition refund.

#### **Part III-A Medical Exemption from Immunization**

(Part III-A must be filled out, signed, and stamped by a physician or nurse practitioner. Please provide expiration date of exemption or indicate if exemption is permanent.)

I, \_\_\_\_\_, certify that it is medically contraindicated for the person named in Part I to be vaccinated for the disease(s) indicated below because of the medical reasons stated below.

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Expiration date \_\_\_\_\_

Permanent exemption \_\_\_\_\_

Signature \_\_\_\_\_

Physician or Nurse Practitioner Stamp

Title \_\_\_\_\_

Date \_\_\_\_\_

Telephone \_\_\_\_\_

#### **Part III-B Religious Exemption from Immunization**

(Part III-B must be completed by the student, or by a parent or guardian if student is under 18.)

##### **Statement of Specific Religious Beliefs**

I, \_\_\_\_\_ request that I / my child, \_\_\_\_\_  
Full Name (Circle One) Full Name

be exempt from vaccination requirements as provided by law because of specific religious beliefs stated below.

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Signature (of student if 18 or older or of parent or guardian if student is a minor) \_\_\_\_\_

##### **Parent or Guardian Information (if student is under 18)**

Name \_\_\_\_\_  
Last First Middle Initial

Street or postal address \_\_\_\_\_ Apartment no. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

Telephone(s) \_\_\_\_\_  
Day Evening/Other

## **Meningococcal Meningitis Disease Information Sheet**

### **What is meningococcal disease?**

Meningococcal disease (commonly referred to as meningitis) is a severe bacterial infection of the bloodstream or meninges (a thin lining covering the brain and spinal cord).

### **Who gets meningococcal disease?**

Anyone can get meningococcal disease, but it is more common in infants and children. For some college students, such as freshmen living in dormitories, there is an increased risk of meningococcal disease. Between 100 and 125 cases of meningococcal disease occur on college campuses every year in the United States; between 5 and 15 college students die each year as result of infection. Other persons at increased risk include household contacts of a person known to have had this disease, immuno-compromised persons, and people traveling to parts of the world where meningitis is prevalent.

### **How is the germ meningococcus spread?**

The meningococcus germ is spread by through the air via respiratory secretions such as coughing, sneezing, kissing, or sharing of personal items like utensils, cigarettes, and drinking glasses. Many people carry this particular germ without any signs of illness, while others may develop serious symptoms.

### **What are the symptoms?**

High fever, headache, vomiting, stiff neck, and a rash are symptoms of meningococcal disease. Meningitis is rare. However, when it strikes, its flu-like symptoms make diagnosis difficult. If not treated early, meningitis can lead to swelling of the fluid surrounding the brain and spinal column as well as severe and permanent disabilities, such as hearing loss, brain damage, kidney failure, seizures, chronic nervous system problems, loss of limbs, and even death.

### **How soon do the symptoms appear?**

The symptoms may appear 2 to 10 days after exposure, but usually within 5 days.

### **What is the treatment for meningococcal disease?**

Antibiotics, such as penicillin G or ceftriaxone, can be used to treat people with meningococcal disease.

### **Is there a vaccine to prevent meningococcal meningitis?**

Yes, a safe and effective vaccine is available. The vaccine is 85% to 100% effective in preventing four kinds of bacteria (serogroups A, C, Y, W-135) that cause about 70% of the disease in the United States.

### **Is the vaccine safe? Are there adverse side effects to the vaccine?**

The vaccine is safe with mild and infrequent side effects, such as redness and pain at the injection site lasting up to two days. A vaccine, like any medicine, is capable of causing serious problems, such as severe allergic reactions, but the risk of the meningococcal vaccine causing serious harm is small.

### **What is the duration of protection from the vaccine?**

After vaccination, immunity develops within 7 to 10 days and remains effective for approximately 3 to 5 years. As with any vaccine, vaccination against meningitis may not protect all susceptible individuals.

### **Where can I obtain the vaccine?**

The College does not offer meningococcal vaccine services through the campus health service centers. Students who would like to receive the vaccines should consult with their primary care physician or a travelers' clinic. The cost of the vaccine varies, but prices quoted have ranged from \$75-\$100.

### **How do I get more information about meningococcal disease and vaccination?**

Contact your family physician or your health provider. Additional information is also available on the websites of the New York State Department of Health, [www.health.state.ny.us](http://www.health.state.ny.us); the Centers for Disease Control and Prevention [www.cdc.gov/ncid/dbmd/diseaseinfo](http://www.cdc.gov/ncid/dbmd/diseaseinfo); and the American College Health Association, [www.acha.org](http://www.acha.org).

## MENINGOCOCCAL MENINGITIS RESPONSE FORM

New York State Public Health Law 2167 requires that all college and university students enrolled for at least six (6) semester hours (or the equivalent) per semester complete and return the following form to your college campus health office, or you will be blocked from registration and from attending classes.

### Print Student Information

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year

City, State, Zip code \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

### Check one box and sign below.

- ☐ I have received the information regarding meningococcal meningitis disease and vaccine, including information regarding the availability and cost of the meningococcal meningitis vaccine. I have decided that I/my child (for students under the age of eighteen) **will not** obtain immunization against meningococcal meningitis disease at this time.
- ☐ I have received the information regarding meningococcal meningitis disease and vaccine, including information regarding the availability and cost of the meningococcal meningitis vaccine. I have/My child has (for students under the age of 18) received the meningococcal meningitis immunization (Menomune™) **within the past 10 years.**

Date immunization received: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year

Signed: \_\_\_\_\_  
(signature of student)

Date: \_\_\_\_\_  
month day year

### For students under the age of 18:

Signed: \_\_\_\_\_  
(signature of parent or guardian if student is a minor)

Date: \_\_\_\_\_  
month day year

Print name of parent/guardian: \_\_\_\_\_